



Seacoast Interfaith Hospitality Network

6 Emery Lane P.O. Box 233 Stratham, NH 03885
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CONFIDENTIALITY STATEMENT OF AGREEMENT

I, _____, agree to adhere to the following policies of Seacoast Interfaith Hospitality Network. I understand the importance of confidentiality and the integral effect that confidentiality has on client and volunteer safety as well as the ability of the agency to best serve people that seek our services.

I agree to keep all client information within the confines of the agency. Unless a client has given Seacoast Interfaith Hospitality Network permission in writing to release information to a specific person or agency, I will discuss clients and cases only with other Seacoast Interfaith Hospitality Network volunteers and staff, if necessary and appropriate. I will NEVER acknowledge that a person has or had contact in any way with the agency.

I agree to keep confidential the names of other volunteers unless I have clear permission to publicly acknowledge their connections with the agency. I agree to keep personal information about other volunteers and staff confidential.

I understand that as a member of this agency, I may be privileged to information that is not public knowledge. I agree to respect the confidentiality of this information.

Signature

Date

Witness

Date