



STABLE-SPIRIT

CONFIDENTIALITY AGREEMENT

I, _____, understand that the protection of Stable-Spirit's clients confidentiality and general privacy is an ethical and legal requirement, and that I have an obligation to protect that privacy in every way I can. I understand that I am not to discuss a client's identity, or any details of a case that may make their identity recognizable to others outside this agency, or with anyone associated with this agency that has no reason to know the information other than performance of their duties at Stable-Spirit. I also may not acknowledge knowing any client of this agency in public, in a manner that might cause others to guess that they are, or have been, a client in therapy here.

I further understand that the same confidentiality requirements apply to the privacy of Stable-Spirit's staff, Board member and volunteer personnel information.

I further understand that my confidentiality agreement with regard to client and personnel information of Stable-Spirit is perpetual and does not terminate with my employment or association with Stable-Spirit. I may never discuss any client, staff, Board member or volunteer's [personnel] information with anyone at any time in the future without incurring personal liability from the individual whose privacy was violated and potentially from the agency in protection of its integrity and reputation.

I understand and agree that my position at Stable-Spirit as a staff or Board member, contractee or volunteer at Stable-Spirit may be terminated immediately for violation of this confidentiality agreement, and that, should the violation be egregious in nature, I may also be reported to the appropriate licensing board for sanctions.

Signed

Date

Witness

Date