CONFIDENTIALITY AGREEMENT

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree with the following statements:

I have read and understood Greater Life of Fayetteville, Inc Privacy Policy.

I understand that I may come in contact with confidential information duringy my time at Greater Life of Fayetteville. As part of the condition of my work with Greater Life of Fayettteville, I hereby undertake to keep in strict confidence any information regarding any client, employee or business of Greater Life of Fayetteville or any other organization that comes to my attention while at Greater Life of Fayetteville. I will do this in accordance with the Greater Life of Fayetteville’s privacy policy and applicable laws, including those that require mandatory reporting.

I also agree to never remove any confidential material of any kind from the premises of Greater Life of Fayetteville unless authorized as part of my duties or with the express permission or direction to do so from Greater Life of Fayetteville.

Print Staff Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2