

CONFIDENTIALITY AGREEMENT FORM

I, _____, an

Employee Foster Parent Provider

Contractor Other: _____

of Unique Caring Foundation acknowledge that policies related to confidentiality have been provided and explained to me. I understand that information about clients and their families will be shared with me for the purpose of providing foster care services. I also understand that this information is shared with others only when there is a need to know and when there is a written working agreement between agencies, or a specific signed release for information has been executed. I also understand that this information cannot be shared with individuals and/or agencies that have no direct need for the information. I further understand that my employment / relationship can be terminated if I violate the agency's confidentiality policy. I understand and I am willing to comply with these confidentiality requirements.

Print Name: Employee / Foster Parent / Provider

Date

Signature: Employee / Foster Parent / Provider

Date

Signature: Supervisor or Designee

Confidentiality agreement/cliviamilburn

Date