



STATEMENT OF AGREEMENT REGARDING CONFIDENTIALITY

I, _____, being an employee (full time, part time or contracted), volunteer, intern of Eckerd 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 case management and providing residential child 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 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

Signature

Date