



Confidentiality Agreement

During the course of your activities at Beyond Abuse, you may have access to information that is confidential. This information may not be disclosed except as permitted or required by law and by Beyond Abuse policies and procedures. *If you serve in a role that requires information to be shared due to an exception to confidentiality, Beyond Abuse will provide your name and contact information to the requesting authority as procedurally or legally required.*

Confidential information includes, but is not limited to:

1. Client reports or records generated by Beyond Abuse and its programs and those sent by other agencies to Beyond Abuse and its programs.
2. Medical/psycho-social information and other personal information about clients.
3. Client information that is disclosed during counseling sessions.
4. Client information that is disclosed during the forensic interview or follow-up meetings.
5. Reports, policies and procedures, marketing or financial information and other information related to the business or services of Beyond Abuse and its programs which has not previously been released to the public at large by a duly authorized representative of Beyond Abuse.

By signing this Confidentiality Agreement, you acknowledge that:

1. You are obligated to hold confidential information in the strictest confidence and not disclose the information to any person or in any manner.
2. Your confidentiality obligation shall continue indefinitely, including at all times after your association with Beyond Abuse and its programs.
3. Failure to comply with your confidentiality obligation may result in disciplinary action by Beyond Abuse, such as immediate termination of your employment or your volunteer opportunity with Beyond Abuse.
4. Unauthorized disclosure of confidential information about a person may result in legal action being taken against you by or on behalf of that person.
5. If you are issued keys or passwords to secured areas, you must maintain control of those items at all times.
6. **You have read and understand this Confidentiality Agreement and have received a copy for your records.**

Signature

Print Name

Date

Authorized Witness

Print Name

Date