

[YOUR LETTERHEAD HERE]

Note: Organizations are welcome to adapt these sample materials to fit your needs and the work you do. You may change wording to match the language your organization prefers (e.g., survivor, client, service participant). Before using this template, be sure to address and then remove all notes in yellow and replace [Program/Agency Name] with your organizational name.

Note: The purpose of this form is to ensure that each visitor to a confidential shelter, rape crisis center, transitional housing, or other victim service agency understands their confidentiality obligations and respects the privacy of clients, staff, and volunteers of the agency or co-located partnership.

### Visitor Confidentiality Agreement

I understand that for safety and for legal reasons, all information pertaining to anyone who seeks or has received the services of [Non-Profit Program/Agency/Partnership Name] must be kept confidential. This includes the identity of those who seek services, their names, gender, age, number of children, addresses, types of services received, and place where services were sought or received, and any other information that could identify the individual. I understand that this information is NOT to be shared with anyone including [insert: other agencies, treatment providers, law enforcement, or the Department of Social Services, etc.].

I will maintain the confidentiality of those people I meet in this [insert: shelter, rape crisis center, transitional housing, family justice center, etc.] or through the [Non-Profit Program/Agency/Partnership Name] programs, including personal details of the [Non-Profit Program/Agency/Partnership Name] staff or volunteers.

In addition, because of significant security issues, I understand that the [insert: shelter, rape crisis center, transitional housing, etc.] location must be kept confidential.

I understand that my confidentiality obligation is on-going and it does not end when my visit to or relationship with this [Non-Profit Program/Agency/Partnership Name] ends.

I agree to abide by the guidelines above. I understand that failure to respect these confidentiality guidelines may result in me being barred from [Non-Profit Program/Agency/Partnership Name] programs. In addition, depending upon the impact of my confidentiality breach, I may also be subject to civil or criminal liability. This confidentiality agreement was created to ensure the safety and privacy of service recipients, staff and volunteers. I agree to notify a supervisor or the Executive Director immediately if I have questions or concerns regarding this agency confidentiality agreement.

Visitor Printed Name \_\_\_\_\_ Date: \_\_\_\_\_

Visitor Signature \_\_\_\_\_