



CONFIDENTIALITY AGREEMENT

I, _____ hereby understand that by signing this affidavit of acceptance Bikers Against Abuse and the advocates associated will:

- Utilize all information given in a confidential manner.
- Only gather information and use said information solely for the benefit of assisting in my case.
- Only disclose information designated by one of the categories below.
- Only offer information and guidance towards my options in this situation.

Bikers Against Abuse, affiliates, and all participants will not:

- Use information for non-case related situations.
- Acknowledge any case information to outside parties without signed release form by participant.
- Discuss any locations such as Chapter office, affiliate locations, shelters, safe houses, or any information regarding participant location.
- Tolerate breach of confidentiality by any party. All members, associates, participants, advocates, or outside party will be held to the same accountability on information and safety of all involved.
- Be able to act a second time if I determine to go back to the situation(s) and/or not utilize the legal actions provided to me. (Adults Only)

At the time of case closure or dismissal I understand that this agreement will still stand forth on all parts of information gathered by both parties. As a participant of this program I am still held liable under confidentiality to not disclose the actions, locations, or information obtained in my case.

By my signature, I agree not to divulge any confidential information during and/or after my formal relationship with Bikers Against Abuse.

Client signature: _____

Client Phone # _____

Advocate signature: _____

CONFIDENTIALITY OF RECORDS

I understand that Bikers Against Abuse mandates the confidentiality of client records. Employees and volunteers will not say to a person outside of the organization that a case exists with Bikers Against Abuse nor will they disclose any information identifying the client as a victim of domestic violence unless:

I consent in writing or

- The disclosure is directed by a court order; or
- The disclosure is made to medical personnel in a medical emergency; or
- The disclosure is made to qualified personnel for audit or program evaluation

Client signature _____ Date _____

Advocate's signature _____ Date _____