



His Hope Ministries Confidentiality Agreement

I understand and agree that information concerning His Hope Ministries, its employees, volunteers, board members and clients is confidential and is to be treated as such. I acknowledge and agree that I will not divulge or breach any confidences concerning His Hope Ministries and the clients served.

As a volunteer, I acknowledge that minors do not have the authority to disclose their own records. I understand that staff and professional consultants will have access only to records with which they are professionally involved. I agree that I will release information only to authorized personnel of His Hope Ministries unless otherwise authorized by state and federal laws.

As a board member, volunteer, or intern, I will adhere to confidentiality for all clients and refer all requests for information to staff.

I acknowledge and agree that the confidentiality for His Hope Ministries and its clients will be maintained after I am no longer a volunteer.

I further acknowledge and understand that if I breach this promise of confidentiality, my employment, internship, or volunteer service may be terminated, and I may be held liable for damages.

Signature _____

Printed Name _____

Date _____