



Confidentiality Agreement

I, _____, agree with the following statements:

I have read and understood (Empowering Ability Today LLC) Confidentiality statement.

I understand that I may encounter confidential information during my time with Empowering Ability Today LLC. As part of the condition of work I hereby and undertake strict confidence in any information regarding my client. I will do this in accordance with Empowering Ability Today confidentiality agreement and applicable laws, including those that require mandatory reporting.

I also agree to never remove any confidential information of any kind from the premises _____ unless authorized as part of my duties, or with the express permission or direction to do so from Empowering Ability Today LLC. I understand that Empowering Ability Today LLC has a strict confidentiality policy. I understand that as a caretaker I am required to maintain the confidentiality of any individual placed in my home for care. I agree that I will not divulge any identifying or personal information regarding the client and their personal information, treatment, and services. I will not take pictures or allow pictures to be taken for publication without written permission from the agency Executive Director.

Printed Provider Name

Signature of Provider

Signature of Executive Director

Date this _____ day of _____, 2 _____