



Confidentiality Agreement

As a Selah Place resident or visitor, I agree not to reveal or discuss with anyone outside of the shelter, by phone, social media, or in conversation, the names or information discussed within the shelter – whether it be about other residents, staff or volunteers. I agree not to take pictures of other residents as it is a direct violation of confidentiality. I understand the breach of confidentiality is punishable by law and Selah Place will prosecute anyone who violates this law. I also understand that this would be an automatic termination of our services.

This agreement is valid for **one year** from the date of signature, after which a new agreement must be executed.

Selah Place Resident/Visitor: _____ Date: _____

Staff Member: _____ Date: _____