CONFIDENTIALITY AGREEMENT

Name_____

Address_____**City**_____ **State**_____ **ZIP**_____

TELEPHONE: Home_____**Work**_____**Message**_____
OK to call Yes/No **OK to call Yes/No**

LAST FOUR DIGITS SS# NUMBER:_____ **MOTHER'S MAIDEN NAME:**_____

Please read and initial each paragraph.

_____ **Shasta Women's Refuge, Inc. will not tell anyone outside the agency your name or anything about you without your permission. Exceptions to this policy are suspected child abuse, elder or dependent adult abuse, serious suicidal threats or threats of violence toward someone else. Another exception would be if Women's Refuge is ordered by a court subpoena to release information about you in a legal case. We would do all we could to prevent this through the laws protecting confidentiality. Finally, because we are a private non-profit agency, auditors as well as contracted personnel, may have access to all files.**

_____ **If it is determined that you qualify for legal assistance by Shasta Women's Refuge we will not assist the person who abused/assaulted you with the preparation of legal paperwork due to a conflict of interest.**

_____ **For the protection of our clients, we also expect you not to tell anyone outside the agency the names or any information concerning other clients of Shasta Women's Refuge.**

_____ **I understand Shasta Women's Refuge, Inc. may verify the information I have provided them. If it is found that I have not been truthful or have misrepresented the facts, Shasta Women's Refuge may choose not to continue providing legal assistance services to me.**
I have read and understand the above.

_____ _____
Client Signature **Date**

_____ _____
Parent/Guardian Signature **Date**

_____ _____
Staff Signature **Date**

File: CONFIDENTIALITY AGREEMENT rev 9/04, 7/09

SUBMIT