



CONFIDENTIALITY AGREEMENT

I, _____ acknowledge that during my time with Family Promise of North Fulton/DeKalb (FPNFD), I will have access to and learn facts about individuals staying in the program. All information pertaining to these guests, including but not limited to name, SSN, race, monetary status, marital status, and all information pertaining to any children in the program must be kept highly confidential. By signing this agreement, I understand and agree not to discuss or disclose any information pertaining to persons staying within the care of FPNFD, now or in the future.

I hereby agree and recognize my responsibility to hold all information in confidence pertaining to guests in FPNFD.

Guest/Volunteer Signature: _____

Date: _____

FPNFD Staff Signature: _____

Date: _____