

Confidentiality Agreement

I hereby agree and understand that I am accountable in protection of the privacy and confidentiality of any client information that I may directly or inadvertently see or hear about the Prince William Area Agency on Aging's clients and/or clients' caregivers. I understand the need for Agency on Aging staff to keep information confidential and will not ask about or seek information from Agency on Aging staff about their clients.

I agree that I will not disclose to any other person, or allow any other person access to, any information that is proprietary or confidential and/or pertains to clients, clients' caregivers, employees, students, volunteers, and the public. Disclosure of information includes, but it not limited to, verbal discussion, FAX transmissions, electronic mail messages, voice mail communication, written documentation, "loaning" computer access codes, and/or other transmissions or sharing of data.

If I observe any incidents where client information is shared with me or other non Agency on Aging staff, I acknowledge that I am responsible for reporting them to the Agency on Aging management and will do so.

I understand that, Agency on Aging, Prince William County and its employees, students, volunteers, clients, and the public, staff or others may suffer irreparable harm by disclosure of proprietary or confidential information and that the Agency on Aging and Prince William County may seek legal remedies available to it should such disclosure occur.

Print Name

Witness

Signature

Date

Signature

Date