



Serving People with Disabilities

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## Home Life Confidentiality Agreement

I acknowledge that during the course of performing my assigned duties at Home Life, I may have access to, use, or disclose confidential employee and client information.

I hereby agree to handle such information in a confidential manner at all times during and after my internship and commit to the following obligations:

- I will use and disclose confidential employee and client information only in connection with, and for the purpose of, performing my assigned duties.
- I will request, obtain or communicate confidential employee and client information only as necessary to perform my assigned duties and shall refrain from requesting, obtaining or communicating more confidential information than is necessary to accomplish my assigned duties.
- I will take reasonable care to properly secure confidential employee and client information and will take steps to ensure that others cannot view or access such information.

I understand that as an intern/volunteer of Home Life, the use and disclosure of employee and client information is governed by policies and procedures of Home Life. Therefore, with regard to confidential information, I commit to the following additional obligations:

- I will use and disclose confidential employee and client information solely in accordance with federal and Home Life policies.
- I will immediately report any unauthorized use or disclosure of confidential employee and client information that I become aware of to the appropriate supervisor.

I also understand and agree that my failure to fulfill any of the obligations set forth in this Agreement and/or my violation of any terms of this Agreement shall result in my being subject to appropriate disciplinary action, up to and including, termination of my internship/volunteer position.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_