



CONFIDENTIALITY AGREEMENT

I understand and agree that all information as it relates to child abuse records and clientele are to be held confidential in compliance with the Child Abuse Statute, Florida Statute 39.205 which states “any person who willfully or knowingly makes public or discloses any information contained in the child abuse registry or the records of any child abuse case except as provided in this section is guilty of a misdemeanor of the second degree.”

I further agree to treat any such information on clients that should come to my attention and knowledge as privileged and confidential, and that I will not disclose such information to anyone other than authorized persons.

Date

Signature

Witness

Signature

This will acknowledge that I have received a copy of this document.

Date

Signature

Date

Signature