



STATEMENT OF CONFIDENTIALITY

I, _____, understand that I am being granted privileged access to a confidential domestic violence shelter. As a result, I am subject to the confidentiality policy set in place by The Women's Safe House, which prohibits disclosure of the location of The Women's Safe House or disclosure of any information observed or heard while at The Women's Safe House.

No participant of The Women's Safe House services may be identified by name or distinguishing characteristics to anyone other than The Women's Safe House staff without written consent of the participant.

The location of The Women's Safe House may not be divulged. Violation of the Confidentiality Agreement may result in termination of service and or legal actions.

Please complete the form below indicating your understanding and agreement with our confidentiality requirements.

[Please Print Full Name]

[Please Sign Full Name]

[Street Address]

[City, State, Zip]

[Phone Number]

[Email Address]

[Date]