



CONFIDENTIALITY AGREEMENT

**Client
Name:** _____

I hereby acknowledge that I understand Andrew Pittington's commitment to safeguard the identity of all clients, the confidentiality of all records, and the communications between staff members and the service receiver.

Therefore, I agree not to reveal to any person outside of this facility the name of any client or any of the information listed below:

1. The identity of any client, whether in the past, present or future.
2. Any information concerning the contents of client records.

In addition, I agree not to reveal any information that could:

1. Lead anyone to learn the identity of any person who is, has been, or may become a client of Andrew Pittington's.
2. Lead anyone to learn the identity or contents of the records of statistical information kept by Andrew Pittington's regarding clients.

I understand that my violation of this agreement could make me liable for monetary damages.

I have read the above information and agree to adhere to, and abide by it.

Client/ Parent/ Guardian Signature

Date

Witness Signature

Date