

Humane Home Care

NAME OF EMPLOYEE: _____
Print Name

CONFIDENTIALITY ACKNOWLEDGEMENT

I acknowledge that I have been oriented to the Agency's Policies and Procedures Manual, which include understanding that I must keep all information regarding personnel and clients confidential.

I agree to follow all guidelines, both written and verbal. I understand that, if and when the guidelines, policies and procedures are not followed, or if there would be a breach in maintaining confidentiality, I may be immediately terminated.

I also had the opportunity to ask questions regarding the Policies and Procedures Manual, and I know where the manual is located for future reference.

Employee's Signature

Date

Agency Representative Signature

Date