



CONFIDENTIALITY AGREEMENT

I understand that during the course of my work in my Residency placement with:

I may be given access to information, documents, and resources that are personal and confidential and may be protected by the attorney-client privilege, the attorney work-product privilege, the Right to Know Act and exemptions in my jurisdiction, or Freedom of Information Act exemptions found at 5 U.S.C. § 552(b). I may also be given access to documents and/or information that may be considered sensitive, confidential, in house, personal and including but not limited to nonpublic documents and/or information about planned, pending, or ongoing actions of my residency placement.

I understand that such documents and/or information may be used only in connection with my duties as a resident and are integral to ensure client and residency placement confidence, candor, and trust.

I understand and agree:

I will not take files from the office without permission.

I will not copy, disclose, discuss, or release in any manner information or documents from my residency placement without the prior written approval of my supervising judge or attorney.

I will return all documents and information to my residency placement supervising judge or attorney, including, but not limited to, any documents that I create in the context of my duties as a student resident, whenever such documents and/or information are no longer required for the performance of my work assignments or upon termination of my job duties and responsibilities as a student resident.

I will request permission from my supervising judge or attorney to use any work from my placement as a writing sample.

I have reviewed the rules of Professional Conduct about Confidentiality in my jurisdiction.

Name (Printed or Typed): _____

Signature: _____

Date: _____