



Statement of Confidentiality

I, _____ understand the importance of confidentiality and the integral effect confidentiality has on client, staff, volunteer and donor safety, as well as the ability of the WISE agency to best serve victims of domestic and sexual violence in the Upper Valley.

I agree to keep all client, staff, volunteer, and donor information within the confines of the agency. Unless a client or donor has given WISE permission to release information to a specific person or organization, I will discuss donors, volunteers, clients and cases only with other WISE staff and board members as appropriate, and I will never publicly acknowledge that a particular person has had contact with WISE in any way.

I agree to keep confidential the names of volunteers, staff members, clients, and donors unless I have clear permission to publicly acknowledge their connection with WISE. I will never reveal the location of the WISE shelter. I agree to keep personal information about volunteers, clients, staff and donors confidential.

I understand that as a WISE employee, volunteer, intern, or guest, I may be privileged to information that is not public knowledge. I agree to respect and maintain the confidentiality of this information.

Signature _____ Date: _____