

PLEDGE OF CONFIDENTIALITY

This is to certify that I, _____, an employee, contractor, volunteer or Board member of **PERENNIAL ANGELS HOMECARE**, understand that any information (written, verbal, digital or in any other form) obtained during the performance of my duties **MUST** remain **CONFIDENTIAL**. This includes all information about individuals served, their family members, advocates, friends, or acquaintances, other employees, contractors, volunteers or Board members, associate organizations, or vendors, as well as any other information otherwise marked or known to be confidential.

I understand that any unauthorized release or carelessness in the handling of this confidential information is considered a breach of the duty to maintain confidentiality.

I further understand that any breach of the duty to maintain confidentiality could be grounds for disciplinary action, up to and including immediate dismissal and/or possible liability in any legal action arising from such breach.

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| Signature of Employee/Contractor/ Volunteer/Board Member/Other | Title | Date |

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| Signature of Staff Witness | Title | Date |