



Adult Advocacy
Centers

Confidentiality Agreement

I, the undersigned, understand that Adult Advocacy Centers' (AACs) staff, AACs consultants or other training participants may provide certain information that is and must be kept confidential. To ensure that this information is protected I agree that:

1. I will not disclose information about cases that may be mentioned throughout the training to anyone. This may include identifying information about specific individuals.
2. I will not disclose any written training information contained in slides, presentations, handouts or videos, including all attachments and appendices, whether in hard copy or electronic form to anyone.
3. I will not record any part of the training, whether live or virtual.

I acknowledge that I have read and understood this agreement and voluntarily accept these duties and obligations.

Recipient of Confidential Information:

Name (Print or Type): _____

Signature: _____

Date: _____

