

VISITOR CONFIDENTIALITY AGREEMENT

As a staff member, student intern, volunteer, resident, or visitor of the YWCA South Hampton Roads Emergency Shelter, I understand that confidentiality is defined as the assurance that access to information regarding a client, staff, student intern, volunteer, or the shelter itself shall be strictly controlled and that any violation of such control will be a breach of faith. I will consider all information regarding clients, staff, student interns, volunteers, or the shelter to be privileged and I agree to keep this information within the confines of the agency.

This confidentiality is also to be maintained after staff, volunteers, board members, student interns, visitors, residents, and nonresidents leave the shelter and/or counseling center programs.

I understand that the location of the YWCA South Hampton Roads Emergency Shelter is confidential and I agree not to disclose the location of the shelter to anyone without express permission from the YWCA South Hampton Roads.

First Name: _____ Last Name: _____

Agency: _____

Client Name:

Signature: _____ Date: _____

Driver's License Number: _____ State: _____

Vehicle Make/Model/color: _____

Personal Business

Staff: Please obtain a copy of the visitors ID.