



Care Net  
Pregnancy Center  
of Dane County

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## **STATEMENT OF CONFIDENTIALITY**

I, \_\_\_\_\_, understand that all client information learned through my work at Care Net Pregnancy Center, either by phone or in person, is considered strictly confidential. I agree that I will not share any client and/or donor information with persons not involved with Care Net Pregnancy Center, and that I will share with those who are involved with Care Net Pregnancy Center, only that which will be helpful to the client, her/his care or situation.

I understand that I am not permitted to print or publish confidential client information for personal purposes, or the purposes of Care Net Pregnancy Center, without the express written consent of the client and permission from my supervisor. I have read the policies and procedures regarding *Confidentiality and Client Testimonies* and agree to adhere to them as explained.

I understand that breach of client confidentiality can be cause for the immediate dismissal from my position with Care Net Pregnancy Center.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Signed by Supervisor

\_\_\_\_\_  
Dated