



CONFIDENTIALITY AGREEMENT

I _____, as a volunteer, will be permitted access to client/individual information in order to perform intake work or consultations related to clinic participants in an event hosted by Pars Equality Center and other organizations.

I agree to keep all information that I learn about the client/individual confidential. Information to be kept confidential includes but is not limited to: the association of the individual with Pars Equality Center and other participating organizations, the nature of the individual's inquiry or legal issue; the individual's name; and any other information disclosed by the individual or obtained during the course of the legal clinic. I understand that I may not discuss or disclose any information related to any individual to anyone, including the individual's family members or friends, and members of the community. I may discuss the individual's issue with permanent staff and volunteer attorneys participating in the legal clinic only.

I further understand that I may learn personal information about an individual and/or his or her family; it is my duty and responsibility to preserve and protect the privacy and confidentiality of the information. I understand that this duty will extend after I am no longer volunteering with Pars Equality Center or other participating organizations.

Both state and federal law protect the confidentiality of client information. By signing below, I hereby indicate that I understand and agree to maintain the privacy of client's/individuals' legal and personal information disclosed to me at Pars Equality Center.

VOLUNTEER

BY: _____

Date: _____