

Statement of Confidentiality

WomenSafe Inc. 12041 Ravenna Rd. Chardon, Ohio 44024
440 286-7154 or COPEline at 888 285-5665

I, the undersigned, do hereby declare that I understand the principle of confidentiality will be strictly observed by all board members, staff, volunteers, and residents to the extent by Ohio law.

I therefore promise the following:

Under no circumstances will I invite family, friends or social service providers to WomenSafe without the authorization of the Director.

Under no circumstances will I disclose the identity of the other residents/clients to anyone without the authorization of the Director.

Under no circumstance will I disclose any personal information that might come into my possession pertaining to the other residents/clients without the authorization of the Director.

Under no circumstance will I tape record any phone calls.

I will keep strictly confidential all information related to the work of the organization.

I further agree to release WomenSafe, Inc. from all responsibility or liability arising out of my violation of this Statement of Confidentiality.

Violation of this statement by clients shall be cause for eviction/termination from the shelter and its services.

Violation of this statement by board members, staff, and/or volunteers shall be cause for immediate suspension and/or dismissal.

Signature/Date

Witness Signature/Date
(parent or guardian)