



Volunteer Confidentiality Form

As a volunteer (student, drop-in, or special event) for Next Step Pregnancy Services I understand and recognize that all information concerning NSPS clients is confidential. Unauthorized disclosure or use of any confidential information violates the concerned party's right to privacy and is therefore unacceptable.

I will respect as private and confidential all personal information and data of which I may become aware, and I agree to refrain from disclosing, either directly or indirectly, any confidential information. I further agree to take proactive measures (such as securing client files and not discussing personal information in public areas) to protect the confidentiality of the individuals that make up or are served through Next Step Pregnancy Services(NSPS).

I further understand that revealing any information of a confidential nature to ANY outside party, including family members, can result in my immediate termination and/or remedy at law.

This agreement is binding both during and following my association with Next Step Pregnancy Services. This agreement is to be construed and enforced according to the laws of the State of Washington.

Initial here: _____

I hereby attest that I have read, understand, and agree to this confidentiality agreement.

First and Last Name Printed: _____

Signature: _____

Date Signed: _____