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**ASSURANCE OF CONFIDENTIALITY**

I, \_\_\_\_\_, agree to maintain the confidentiality of consumers and their families, as well as any other person's involved with the Western Youth Network. I agree that all information acquired in the course of attending or treating a consumer of the agency shall be held confidential. Release or disclosure of this information shall be prohibited except under the conditions specified in the Policy and Procedure manual section 3.5. Individuals, other than employees but including students and volunteers, who are agents of Western Youth Network, Inc. who have access to confidential information who fail to comply with the rules shall be denied access to confidential information by the company.

I am aware that I may discuss pertinent confidential information with Western Youth Network staff only.

I acknowledge that I have been made aware of the penalties and disciplinary action for improper release of Western Youth Network confidential information.

Signature \_\_\_\_\_ Date \_\_\_\_\_

WYN Witness \_\_\_\_\_ Date \_\_\_\_\_