

# Model Confidentiality Policy

## Confidentiality Policy Acknowledgement Form

I hereby consent and agree to [ORGANIZATION NAME]'s confidentiality policy

Because of the private and confidential nature of the information you will receive and have access to during your work with [ORGANIZATION NAME], you must maintain confidentiality of all client information and any secrets obtained both during and after your employment with [ORGANIZATION NAME]. This includes, but is not limited to, any client or company information contained in [ORGANIZATION NAME]'s software systems and databases. No [ORGANIZATION NAME], or [ORGANIZATION NAME]-related information, including but not limited to documents, notes, files, records, oral information, computer files or similar materials, may be removed from [ORGANIZATION NAME]'s premises or systems without permission from the Executive Director.

You agree to demonstrate professionalism, care, and good judgment to avoid unauthorized or inadvertent disclosures of confidential information; for example, you should take care not to leave confidential information contained in documents or on computer screens in plain view.

You agree to be bound by the rules governing lawyers and to maintain these secrets. For example, you must not disclose confidential information, purposefully or inadvertently through casual conversation.

Upon separation of employment, you agree to return all documents, papers, data, and other materials, that may contain confidential information to [ORGANIZATION



NAME]. Failure to adhere to this policy will result in discipline, up to and including separation of employment or service with [Name of Nonprofit].

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_