

# The Northern Panhandle Continuum of Care

A Collaboration of Homeless Assistance Providers in the Northern Panhandle



## Confidentiality Agreement

### ACKNOWLEDGEMENT OF CONFIDENTIALITY OF CLIENT INFORMATION

As a Member of The Northern Panhandle Continuum of Care, I agree to treat as confidential all information about clients or former clients and their families that I learn during the performance of my duties. This agreement takes into account any and all data from HMIS and all information shared during Provider Meetings.

I have read the NPCoC's policy on confidentiality and the Acknowledgement of Confidentiality presented above. I agree to abide by the requirements of the policy and inform my supervisor immediately if I believe any violation (unintentional or otherwise) of the policy has occurred. I understand that violation of this policy will lead to disciplinary action, up to and including removal from participation with the NPCoC.

This agreement is for individuals, not entire agencies. If more than one individual from an organization will participate, each person needs to complete their own Confidentiality Agreement. When participating via virtual formats, such as Zoom, you must participate with your camera on. If you cannot, please make arrangements with Lead Agency to attend the meeting in person.

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

Name of Agency: \_\_\_\_\_

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