

## **Confidentiality Agreement**

I understand that all information (written and verbal) about participants at the Crossroads Center, Inc. is confidential and will not be shared with anyone without the expressed written consent of the participant and their parent/guardian in the case of a minor.

Crossroads Center, Inc. honors volunteer and participant confidentiality requirements. We recognize volunteer and participant medical and personal information is confidential and protected by law.

Crossroads Center, Inc. does maintain a volunteer and participant database. Exchange of volunteer and participant information between Crossroads Center staff, volunteers, and participants is, and will be, conducted in a confidential setting.

Crossroads Center, Inc. staff, volunteer, and participant information, including names(s), address or telephone number(s) is not to be distributed to any other organization or individual.

I have read and agree to the terms of this agreement.

| Signature:    | Date:                                       |
|---------------|---|
| -             | (volunteer/staff participant)               |
| Printed name: |   |
|               |   |
| Signature:    | Date:                                       |
| C             | (parent or legal guardian where applicable) |
| Printed name: |   |
| Printed name: | (parent or legal guardian where applicable) |