

Confidentiality Agreement

I, the undersigned agree that I have been made fully aware that any and all information gained in my role as Respite Provider is strictly confidential and not to be discussed or shared with anyone outside of the home of the person being supported.

I also understand that any breach of confidentiality could result in termination of Respite Services.

Date:

Signature of Respite Provider: _____

Signature of Home Share Provider: _____

Signature of Witness: _____