

# User Agreement for Confidentiality Acknowledgment

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

To Whom It May Concern,

I, **[User's Full Name]**, acknowledge that I have received and read the Social Service Agency's policies on confidentiality and data protection. I understand the importance of maintaining the privacy of all clients served by this agency.

By signing this agreement, I agree to the following terms:

- To protect the confidentiality of all information and records pertaining to clients.
- To only use client information for the purposes of providing services.
- To report any breach of confidentiality to my supervisor immediately.

Failure to comply with these policies may result in disciplinary action, including termination of services or employment.

By signing below, I affirm my understanding and agreement to the terms outlined above.

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

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

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

Thank you for your commitment to confidentiality.

Sincerely,

**[Agency Name]**

**[Agency Address]**

**[Agency Contact Information]**