

VISITOR'S PLEDGE OF CONFIDENTIALITY AGREEMENT

I understand that for the safety and for legal reasons, all information pertaining to anyone who seeks or has received the services of Ashley, Inc. must be kept confidential. This includes the identity of those who seek services, their names, gender, age, number of children, addresses, types of services received, and place where services were sought or received, and any other information that could identify the individual. I understand that this information is NOT to be shared with anyone including other agencies, treatment providers, law enforcement, or the Department of Social Services, etc.

I will maintain the confidentiality of those people I meet through Ashley programs, including personal details of the Ashley staff or volunteers. I understand that my confidentiality obligation is on-going and it does not end when my visit to or relationship with Ashley, Inc. ends.

I agree to abide by the guidelines above. I understand that failure to respect these confidentiality guidelines may result in me being barred from Ashley, Inc. programs. In addition, depending upon the impact of my confidentiality breach, I may also be subject to civil or criminal liability. This confidentiality agreement was created to ensure the safety and privacy of service recipients, staff and volunteers. I agree to notify an Ashley staff member immediately if I have questions or concerns regarding this confidentiality agreement.

The following are not permitted on Ashley, Inc. premises:

- Alcohol
- Non-prescription/illegal drugs
- Over the counter medications and vitamins
- Guns, knives or any item commonly used as a weapon
- Cameras and cell phones
- Backpacks/Tote bags
- Opened packs of cigarettes
- Electronic Vapor cigarettes
- Food, candy or drinks
- Purses
- Pets

I signify that I have read and will comply with the above agreement.

Visitor's Name (Print)

(Signature)

Date
