

ACKNOWLEDGEMENT OF CONFIDENTIALITY OF CLIENT INFORMATION

In connection with my activities related to Kopper Top Life Learning Center, Inc., I agree to hold all information I have access to about clients confidential and will not divulge any information to unauthorized persons. I understand that the divulging of confidential information to unauthorized persons will make me subject to either civil action for the collection of monetary damage and/or suspension or dismissal.

I also understand that no photographs, video, or other media of clients may be distributed electronically or in print without specific permission from the Executive Director and/or clients and/or their parents or guardians.

ACKNOWLEDGEMENT OF CLIENT RIGHTS

I have received, read, and understood the Kopper Top Client Rights policies and procedures and agree to abide by these rules when providing services to clients.

I acknowledge that I have read all of the above policies and agree to abide by those policies as described.

Signature: _____ Date: _____

Parent/Guardian Signature (if volunteer is under 18)

Witness Signature: _____