



Note: The purpose of this form is to ensure that each visitor to a confidential shelter, rape crisis center, transitional housing, or other victim service agency understands their confidentiality obligations and respects the privacy of clients, staff, and volunteers of the agency or collocated partnership.

I understand that for safety and for legal reasons, all information pertaining to anyone who seeks or has received the services of Welcoming Interim Shared Housing (W.I.S.H) 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 [insert other agencies, treatment providers, law enforcement, or the Department of Social Services, etc.] without the written consent of W.I.S.H

I will maintain the confidentiality of those people I meet in any location under W.I.S.H or through the W.I.S.H programs, including personal details of the W.I.S.H staff or volunteers.

In addition, because of significant security issues, I understand that any location under W.I.S.H must be kept confidential. I understand that my confidentiality obligation is on-going, and it does not end when my visit to or relationship with this W.I.S.H 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 W.I.S.H 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 a supervisor or the Executive Director immediately if I have questions or concerns regarding this agency's confidentiality agreement.

Visitor Printed Name _____ Date: _____

Visitor Signature _____

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