



5210 W. 4th Ave Kennewick, Wa 99336
(509) 543-2910 www.4people.org contact@4people.org

Case Manager/ Caseworker Confidentiality Agreement

Are you a member of a **Virtual Agency**? (i.e: Home Base, Kids Connect, Partnership etc.)

Yes ___ No ___

If Yes, Please tell us the name of your Agency: _____

I understand that in the course of working or volunteering for the Virtual Agency or Agency listed below:

Agency Name: _____ Phone: _____

Address: _____ City: _____

State: ___ Zip: _____ Email: _____

Agency Point of Contact/Director: _____ Phone: _____

Address: _____ City: _____

State: ___ Zip: _____ Email: _____

I agree that I shall not disclose to anyone, including co-workers or volunteers, for any purpose not related to assistance, any such information without permission from and the respective individual's prior written permission, or as may otherwise be required by law.

I also agree to comply with the agency or 4People policies that all contacts with the media must be referred to the Director of the Agency. I will not make any disclosures to the media on behalf of 4People or Agency listed above, or governmental agencies unless specifically asked to do so by the Agency Director or 4People.

Case Worker Signature: _____ Date: _____

Printed Name: _____ Work Phone: _____

Work Address: _____ City: _____

State: ___ Zip: _____ Email: _____