



Green Chimneys Children's Services / Green Chimneys School
400 Doansburg Road, PO Box 719 Brewster, NY 10509-0719

CONFIDENTIALITY OF AGENCY INFORMATION

As an employee/intern of Green Chimneys, I will not *at any time* disclose or use, either during or subsequent to my employment/internship, any information, knowledge or data, which I receive or develop during my employment which is considered proprietary, by Green Chimneys or which relates to the clients of Green Chimneys. Such information, knowledge or data may consist of the following, but not by limitation, client information, test data, medical data, procedures, treatment plans, research, strategies, negotiations and contracts, accounting of financial data, customer or vendor lists, publications and presentations.

I further agree that upon termination of my employment/internship with Green Chimneys, I shall promptly return any and all documents containing the above information, knowledge or data, or relating thereto, to Green Chimneys. This agreement shall be binding up on successors, heirs, assigns and personal representatives and shall be for the benefit of the successors and assigns of Green Chimneys. If a lawsuit is filed, the prevailing party shall be entitled to reasonable attorney's fees and costs.

I understand that my continued employment/internship with Green Chimneys is contingent upon my compliance with the agreement.

OATH OF CONFIDENTIALITY

As a condition of engaging in a program involving persons who are receiving services from Green Chimneys Children's Services, Inc./Green Chimneys School, I agree that I will keep all communications and record entries that I make regarding resident care at Green Chimneys strictly confidential to be used only for the purpose of furthering residential treatment. I agree not to divulge resident information to unauthorized sources within or outside the Agency. I also agree that any information that I do share will be done in a sensitive, appropriate and professional manner. I furthermore agree not to publish or otherwise make public any information regarding persons who have received treatment or services.

I recognize that unauthorized release of confidential information may then make me subject to a civil action under provisions of existing laws whether within or outside of the workplace.

Date

Staff

Department

Title