

**Community Welcome House**

**Confidentiality Agreement Form**

I, \_\_\_\_\_ (printed name), understand that confidentiality is critical to all residents, staff, volunteers and directors of the Community Welcome House. I understand that the women and children who have come to the Community Welcome House for help have come from places of abuse and look to the Community Welcome House as a place of refuge. Therefore, I agree not to discuss with anyone (nor identify) the residents, their children, their situations, nor the physical location of the Community Welcome House. I further understand that failure to abide by this confidentiality agreement will be cause for the immediate termination of my relationship with the Community Welcome House.

It is my understanding that any breach of confidential information will result in criminal prosecution and legal action taken by the Community Welcome House, Inc., as allowable by Georgia state mandate (it is considered a misdemeanor in the state of Georgia to reveal the location of a safe house or confidential shelter for victims of domestic violence.)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Staff Signature)

\_\_\_\_\_  
(Date)

**Linda Kirkpatrick, Executive Director**  
**Community Welcome House**  
**Cell (404) 944-8024**