POINT IN TIME COUNT
CONFIDENTIALITY AGREEMENT

I have agreed to serve as a volunteer for the Point In Time Count administered by the Tennessee Valley Coalition to End Homelessness and HUD.
I understand that during the course of my participation in the Point in Time Count I will posses confidential information. I will keep all information obtained while serving as a volunteer for the count confidential. My responsibility to keep this information confidential will continue even after I end my assistance as a volunteer. I understand, and agree that I am not to disclose identifying confidential information and/or records, or to engage in casual or informal conversation identifying any individual involved in the count.

By signing this document, I acknowledge that it is my responsibility to comply with the relevant laws, regulations, and policies concerning access, use, maintenance, and disclosure of confidential information and/or records which shall be made available to me as a volunteer of the January 26, 2012 Point in Time Count.

I HAVE READ THE ABOVE AND UNDERSTAND MY RESPONSIBILITIES.

Volunteer's Signature: _____ Date: _____

Print Name: _____
First Name M. I. Last Name

Address: _____
Street Apartment Number

_____
City State Zip Code

Telephone: _____

All volunteer personal information will remain confidential. Service providers and their volunteers are responsible for complying with this confidentiality agreement.