

Confidentiality Agreement

I, _____ (Name of Provider(s)) understand and agree that in the course of my service as a Foster, Adoptive, or individual who provides respite with Arlington County Child and Family Services Division, all information revealed to me regarding children placed in my care is privileged information and subject to all state and federal laws which protect the rights of children in foster care.

I also understand that the information learned by me about children in my care will not be discussed with anyone except the personnel of Arlington County Department of Social Services, unless specifically authorized by the legal custodian.

I also have received information about, and understand the ethical, professional, and legal obligation to protect the confidentiality of all children in foster care. I also agree to maintain confidentiality with respect to information learned about the families of children being served by the DSS program.

I further understand that breach of confidentiality may result in denial of approval or immediate revocation of approval as a foster, adoptive or respite provider home and that I will be subject to state and/or federal regulations and laws which may include legal consequences.

Provider A:

Date: _____

Provider B:

Date: _____

Agency Representative:

Date: _____