



## CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT

As a volunteer for Sumter Pregnancy Center, I understand that I will be privy to confidential information. This includes possible information regarding people I know, or the minor children of people whom I know.

To preserve confidentiality with Sumter Pregnancy Center's clients and/or donors, I agree that I will not disclose any information regarding center clients or donors, nor will I discuss the details of any aspect of any client's life or history outside the confines of the pregnancy center.

Whenever possible, I agree to limit discussion of confidential information to the Executive Director, the Client Services Manager, the Office Manager, or a member of the Board of Directors. I agree I will not discuss any donor information with any other center volunteer. If necessary to serve a client, I will exercise good judgment when discussing confidential information about a client with other volunteers.

I further agree that I will not disclose confidential information about Sumter Pregnancy Center unless required to do so by law.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Volunteer Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**For Sumter Pregnancy Center:** \_\_\_\_\_ **Date:** \_\_\_\_\_