

# Staff Confidentiality Commitment Form

I, \_\_\_\_\_, as a member of staff at \_\_\_\_\_, understand that in the course of my employment I may have access to confidential information relating to clients, staff, and operations.

I hereby commit to maintaining the confidentiality of all proprietary, sensitive, and personal information I encounter. I understand I must not disclose, discuss, or share any confidential information with unauthorized individuals inside or outside the organization, both during and after my employment.

I acknowledge my responsibility to protect all confidential data and understand that unauthorized disclosure may result in disciplinary action, up to and including termination of employment and possible legal consequences.

I confirm that I have read, understood, and agree to abide by the organization's confidentiality policies and procedures.

Staff Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Position/Title \_\_\_\_\_

Supervisor/Witness Signature \_\_\_\_\_

Date \_\_\_\_\_