

Confidentiality Pledge

I _____, understand that personal information and judgements about a client, a potential client, their families, acquaintances and/or employees of the Teton County Probation Department is confidential. This information is disclosed and discussed is only for the purpose of client supervision services and I only have this access for my research and learning. I agree to treat knowledge of such information in a strictly confidential manner and to use it only for the purpose for which it was shared. I agree that I will not divulge true identities of clients or their families.

Signature

Title

Date