

CENTER FOR FAMILY SERVICES OF WARREN COUNTY

Washington: (908) 689-1000
Phillipsburg: (908) 454-4470
Hackettstown: (908) 852-0333
Prevention Connections: (908) 223-1985

Emergency: (908) 454-5141

492 Route 57 West
Washington, NJ 07882

Strengthening Families Program Confidentiality Agreement

It is the responsibility of all families, parents, children and staff in the Strengthening Families Program to preserve and protect the confidentiality of information and topics discussed in weekly meetings.

By signing below, I understand and acknowledge that:

1. I shall respect and maintain the confidentiality of all discussions, deliberations, activities and any other conversations generated in connection with the Strengthening Families Program with progress made in the participation of this 7-week curriculum.
2. I will neither post nor share information or photos about participants, confidential conversations, discussions and/or activities online or on any social media platform (including but not limited to email, websites, message boards, blogs or social networking platforms).
3. I agree to discuss confidential information only at The Strengthening Families Program for educational and family strengthening purposes and not to discuss such information (of mine or others' personal home matters) outside the program.
4. All participants should be aware that the disclosure of certain problems could lead to a report being filed with the proper authorities if absolutely necessary.
5. My obligation to safeguard confidentiality continues after my completion of the Strengthening Families Program.

I acknowledge that I have read and understand the above information and that my signature below signifies my understanding and agreement to comply with the confidentiality terms of this program.

Signature: _____

Printed Name: _____ Date: _____