



VOICES Advisory Committee Confidentiality Agreement

I, _____, understand that maintaining a survivor's confidentiality is paramount to their safety, and I agree to always maintain survivor confidentiality.

I am required to keep all personal information shared by survivors confidential and may not disclose (including to other VOICES advisory committee members) any information regarding a survivor without their consent.

I will not disclose survivors' matters in public spaces, including hallways or open spaces at the Family Peace Center.

I will not publically acknowledge or identify a survivor without their permission.

I will direct any questions regarding confidentiality to the VOICES specialist.

I understand these expectations and agree to abide by them in all aspects of my involvement with VOICES.

Date

Signature of VOICES member

Date

Signature of witness

[Type here]