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ACKNOWLEDGEMENT OF CONFIDENTIALITY OF CLIENT INFORMATION

I, _____, agree to treat as confidential all information about clients or former clients and their families that I learn during the performance of my duties as _____. I understand that it would be a violation of policy to disclose such information to anyone without prior consent from Dr. Donna Potter of In His Name Outreach, Inc.

Signature _____

Name _____

Date _____

“Thank you for your generosity in sharing your time and talents with our ministry.
God bless you!” **Dr. Donna Potter**

*From everyone who has been given much, much will be demanded; and from the one who has been **entrusted** with much, much more will be asked. “Luke 12:28”*