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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”*