

## **MEMORANDUM OF UNDERSTANDING**

### **CONFIDENTIALITY OF INFORMATION**

The purpose of this Memorandum of Understanding is to emphasize that all information shared during legal clinics and held in client records is confidential. Information that is confidential includes a client's name; address; social and financial data; and services received. In addition, the fact that someone has attended a clinic is confidential. Data collection by interview, observation or review of documents should be conducted in a setting that protects the client's identity from unauthorized individuals. Client information should not be discussed outside the clinic, except in the performance of referrals to other agencies for client assistance.

I understand and agree to abide by these confidentiality provisions. I understand if I share confidential information, I will no longer be allowed to participate in the clinic.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**PRINT NAME**