

Confidentiality Agreement

I give my permission for Intern/Student/Interpreter to sit in on my sessions for the purpose of continuing education and session interpreter.

Specify beginning and end date.

Specify individual and type

- Intern
 Interpreter
 Student

ABC ✓

+

If interpreter is a family member, list relationship to consumer. (No one under the age of 18 can be used as an interpreter.) 580-2-9-.06 (9)(e)

As an Intern, Student, or Interpreter, I agree to keep any information I receive during the process confidential and to keep confidential the name(s) of any consumer(s) I see at the program.

Complete