



Confidentiality Statement:

I acknowledge and understand I may have access to confidential information regarding, but not limited to, clients, students, patients, inmates, providers/vendors, and the public. In addition, I acknowledge and understand I may have access to proprietary or other confidential information and/or business information belonging to Grayson County CSA / CPMT / FAPT. Therefore, except as required by law, I agree I will not:

- Access data unrelated to my role within Grayson County CSA
- Disclose to any other person, or allow any other person access to, any information related to Grayson County CSA. Disclosure of information includes, but is not limited to, verbal discussions, FAX transmission, electronic mail messages, voice mail communication, written documentation, “loaning” computer access codes, and/or another transmission or sharing of data.

I understand the Grayson CSA, its clients, students, patients, inmates, providers/vendors, the public, staff or others may suffer irreparable harm by disclosure of proprietary or confidential information and that Grayson County CSA may seek legal remedies available to it, should such disclosure occur. Further, I understand violations of this agreement may result in disciplinary action, up to and including, termination of employment or internship, or removal of team member role.

Signature

Date