

HarborHouse

of Central Florida

STATEMENT OF CONFIDENTIALITY

I, _____, understand that I am being granted privileged access. As a result, I am subject to the constraints of Chapter 39 in State Statute 39.908 which prohibits disclosure of the location of Harbor House of Central Florida or to disclose anything I observe or hear while at Harbor House of Central Florida, Inc.

No participant of Harbor House services may be identified by name or distinguishing characteristics to anyone other than a Harbor House Staff member without written consent of the participant.

The location of Harbor House may not be divulged. Please fill out the form below completely, indicating your understanding and agreement with our confidentiality requirements.

Name (Please Print) Signature

Business Name Title

Street Address (home work) Suite/Apt.

City State Zip Code

Daytime Phone E-mail Address

Activity Organizer

Witness Signature Date