

**FAMILY CARE NETWORK
AGREEMENT OF CONFIDENTIALITY**

I, _____, hereby undertake as part of the condition of my contract role, to keep in strict confidence any information regarding the BACI Life Sharing Network or any information concerning the participants in the Life Sharing Network, or any other agency, that I may have knowledge of.

I will not engage in discussion of cases within or outside my role as a Life Sharing Network provider or volunteer except on a need to know basis as required for the appropriate conduct in fulfilling my contractual obligations within the Life Sharing Network.

I understand that if I breach this Agreement of Confidentiality I may face termination of my contract.

Signature

Date

Witness