Confidentiality Agreement for center tours, training, and RBT assessments

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand that what I observe, discuss, read, see or hear in regards to clients or their treatments cannot be discussed or relayed in any form to another person. I understand anything that is written down in the form of notes may not include any personal identifying information of the client. I agree not to take any pictures of confidential information including but not limited to pictures of clients, datasheets, session notes, or any other private information. This is in accordance with privacy laws and must be adhered to.

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Signature Date

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Witness Date