



CONFIDENTIALITY AGREEMENT

I, _____, agree to refrain from repeating, copying, or revealing to any outside source any confidential information learned while I am a student/intern/volunteer with the Guilford County Department of Public Health. I realize it is privileged information and is not to be shared with anyone other than a current employee of Guilford County, and, only in an official capacity.

I also give the Guilford County Department of Public Health permission to reproduce pictures or news articles pertaining to my service in the agency, as long as it is not a confidential matter.

I understand that I am obligated to report to a supervisor any information which may affect records or operations in the area to which I have been assigned. I further understand that I am obligated to report any solicitation for confidential information that is not official.

Signature _____
Student/Intern/Volunteer

Date _____

Signature _____
Supervisor

Date _____