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## STATEMENT OF CONFIDENTIALITY

As a volunteer for Graceworks Ministries, Inc. I, \_\_\_\_\_,  
understand that all information about the people I serve, their families and their medical  
situation shall be kept strictly confidential in order to protect their privacy and dignity.

I understand that I am not to disclose or divulge in any manner any information to others  
which might be construed as a breach of that confidentiality. Any exchange of such  
information shall be kept within the confines of Graceworks Ministries, Inc.

I understand that failure to adhere to this policy will result in immediate dismissal.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

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Signature of Graceworks Ministries, Inc. Representative