



**NAPA COUNTY**  
**Health & Human  
Services Agency**



A Tradition of Stewardship  
A Commitment to Service

## **Visitors Confidentiality Agreement**

### **Purpose:**

This Confidentiality Agreement ("Agreement") is intended to safeguard the privacy of individuals receiving services. Any visitor, vendor, contractor, or non-staff individual who is granted access to secure or restricted areas must sign this Agreement prior to entry.

### **Acknowledgment:**

I understand that, during my visit, I may observe or become aware of confidential and sensitive information about clients, staff, or operations. This may include, but is not limited to:

- Names or identities of clients
- Details related to diagnosis, treatment, or behavior
- Staff-client interactions or conversations
- Client presence or participation in services

I acknowledge and agree to the following:

1. All information observed or overheard is strictly confidential, whether or not I personally recognize or know the individuals involved.
2. I will not discuss, disclose, record, photograph, or share any information seen or heard while on site.
3. I understand that violating confidentiality may result in immediate removal from the premises, termination of visitor privileges, and/or legal consequences.

### **Duration:**

These confidentiality obligations remain in effect both during and after my visit.

### **Agreement:**

By signing below, I confirm that I have read and understood this Confidentiality Agreement and agree to fully comply with its terms.

**Visitor Name (Print):** \_\_\_\_\_

**Organization/Company (if applicable):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_