

P.O. Box 2680 Conway, New Hampshire 03818

(603) 447-3811 www.comwaynh.org

Confidentiality Statement

All clients have a right to privacy and confidentiality of their record. Information concerning any individual is protected under both State and Federal regulations and the Federal Privacy Act of 1974 and can only be collected and/ or given out in activities to administer Town of Conway programs.

I understand that information concerning a client may be shared among supervisory staff of the Town only, insofar as it is necessary for the interest of the client.

I understand that no information is to be shared with anyone else, except with the informed consent of the client or the person authorized to give consent on the client's behalf.

I understand that it is unlawful, except in the administration of assistance, for anyone to solicit, disclose, receive, make use of, or authorize any list of names and / or information concerning persons applying for or receiving assistance. The person and municipality are both liable.

All staff including volunteers and employees of the Town of Conway are under equal obligation to treat as confidential any information they acquire, by any means about a client or ex-client. Breaches of confidentiality will be regarded as a serious offense and grounds for disciplinary action.

I,	have been given a copy of the Town of Conv	way regulations on
confidentiality. I have read and understand the	hese regulations and agree to abide by them.	
Date	Signature	
	C	
Date	Printed name	
Date	Timed name	
Date	Supervisor Signature	
State of New Hampshire, County of	, ss. On this theday of	, 2022, before
me,, the un	dersigned officer, personally appeared	
, known to me (or satisfactori	ly proven) to be the person whose name is sub	oscribed to the within
instrument and acknowledged that he/she exe	ecuted the same for the purposes therein conta	ained. In witness
whereof, I hereunto set my hand and official	seat.	
Date	Notary / Justice of the Peace	