



CONFIDENTIALITY AGREEMENT

Date _____

I _____ agree to keep all information that I have heard and seen at the Women’s Resource Center confidential. I agree that I will not approach any person that I have seen at the Women’s Resource Center.

Information that I have shared will remain confidential unless I have listed a person or agency that the Women’s Resource Center may share information with.

List person or agency the Women’s Resource Center may share the following Information with:

Agency _____

Person _____

Information to be shared: _____

Signature _____

Witness _____

Date _____

Date _____





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