



ARIZONA
DEPARTMENT
of **CHILD SAFETY**

**COMMUNITY PROGRAM
ACKNOWLEDGEMENT OF
CONFIDENTIALITY**

P.O. Box 6030 • Site Code C010-23 • Phoenix, AZ 85005-6030
Telephone (602) 255-2500

_____ *Date*

I, _____ am an employee/volunteer with a community program
Please Print Your Name

that is providing services to youth in the care of the Arizona Department of Child Safety (DCS). In my work with DCS, I understand that I may have access to confidential case information. This information includes personally identifying information about parents, children, and other case participants.

By signing this form I understand that, pursuant to Arizona Revised Statutes § 8-807, any DCS information that may become known to me during my involvement with DCS is confidential. I acknowledge that I shall maintain the confidentiality of the information and shall not further disclose the information unless the disclosure is authorized by law or a court order. I understand that any violation of this statute is a Class 2 misdemeanor.

Signature

Date