Humane Society of Huron Valley

Humane Society of Huron Valley

3100 Cherry Hill Road | Ann Arbor, MI 48105

Confidentiality Agreement

PLEASE PRINT CLEARLY

Name: _____   Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Confidentiality

As an employee, volunteer or contractor of the the Humane Society of Huron Valley (HSHV), I recognize and acknowledge that during the course of my duties I may have access to certain information not generally known to the public, relating to the business of HSHV, which may include without limitation: donor and potential donor lists; personal information pertaining to the staff, volunteers, Board, customers, adopters and others involved with HSHV; financial information of HSHV; information relating to animal adopters of HSHV; and other data collected by HSHV staff and/or volunteers. I recognize and acknowledge that this confidential information constitutes a valuable, special and unique asset of HSHV—access to and knowledge of which are limited to the performance of my duties. Any other dissemination, distribution or copying of this information is strictly prohibited. I acknowledge and agree that all such confidential information, including without limitation that which I conceive or develop at any time during my involvement with HSHV, either alone or with another, is and shall remain the exclusive property of HSHV. Employees/volunteers/contractors may not divulge confidential information about HSHV employees, volunteers, customers or adopters and confidential animal information without the written consent of HSHV. All confidential information is intended only for the expressed and specific use according to HSHV policies and procedures and is privileged, confidential and exempt from disclosure under applicable law.

Non-Disclosure

I agree that, except as directed by HSHV, I will not at any time, whether during or after my involvement with HSHV, use or disclose to any person for any purpose, other than for the benefit of HSHV, any confidential information, or permit any person to use, examine and/or make copies of any documents, files, data or other information, whether prepared by me or otherwise coming into my possession or control, without the prior written permission of HSHV. Violation of this agreement may result in termination of my employment/volunteering/contracting. Upon termination of my employment/volunteerism/contracting, or at any time upon request by HSHV, I will immediately return to HSHV or destroy, as HSHV may direct, all tangible records within my possession, custody or control containing any confidential information.

Signed: _____   Date: _____