



# CAN User Confidentiality Agreement

I understand that in the course of working at \_\_\_\_\_ I may have access to  
Agency Name  
personal information regarding individuals seeking or receiving services as a result of a disaster. I also understand that in the course of working at \_\_\_\_\_ I may become privy to  
Agency Name  
information pertaining to individuals who are missing, who lost their lives or were injured as a result of a disaster.

I agree that I shall not disclose to anyone, including co-workers or volunteers, for any purpose not related to assistance, any such information without permission from \_\_\_\_\_  
Agency Name  
and the respective individual's prior written permission, or as may otherwise be required by law.

I also agree to comply with \_\_\_\_\_ policy that all contacts with the media  
Agency Name  
must be referred to \_\_\_\_\_. I will not make any  
specified management or officers of agency  
disclosures to the media on behalf of \_\_\_\_\_ or governmental agencies unless  
Agency Name  
specifically asked to do so by \_\_\_\_\_.  
specified management or officers of agency

_____ CAN User Signature	_____ Date
_____ CAN User Printed Name	_____ Agency Name
_____ CAN Username from Online Registration	_____ Agency CAN ID (If Known)
_____ CAN User Address	_____ Agency CAN Point of Contact
_____ CAN User City, State, Zip Code	_____ Agency Point of Contact Phone
_____ CAN User Email Address	_____ Agency Point of Contact Email
	_____ Agency Point of Contact Signature