

MEMORANDUM OF UNDERSTANDING

**CONFIDENTIALITY OF INFORMATION &
ATTESTATION OF GOOD STANDING**

Attorney Volunteers

The purpose of this Memorandum of Understanding is to emphasize that all information shared during legal clinics and held in client records is confidential. Information that is confidential includes a client's name; address; social and financial data; and services received. In addition, the fact that someone has attended a clinic is confidential. Data collection by interview, observation or review of documents should be conducted in a setting that protects the client's identity from unauthorized individuals. Client information should not be discussed outside the clinic, except in the performance of referrals to other agencies for client assistance.

I understand and agree to abide by these confidentiality provisions. I understand if I share confidential information, I will no longer be allowed to participate in the clinic.

I attest that I am licensed to practice law in Tennessee and that my license is in good standing with the Board of Professional Responsibility. I understand that if the status of my license changes, I will no longer be allowed to participate in the clinic as an Attorney Volunteer. I will update the clinic coordinator should the status of my license change.

Signature

Date

PRINT NAME

BPR #