



National Kidney Foundation™

of INDIANA

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Confidentiality Agreement Form

As a volunteer with the National Kidney Foundation of Indiana (NKFI), Inc., I understand that I may have access to private and confidential information. I agree to respect the privacy of the people served by the Foundation. I will keep confidential all information regarding NKFI clients and groups served.

Print Name

Signature

Date

Address

Phone(s)

E-mail