

LOSS PREVENTION REVIEW TEAM

CONFIDENTIALITY STATEMENT

I, _____, am aware that I will have access to confidential and private information, including electronic or paper files, as part of my duties with the Loss Prevention Review Team.

I agree not to divulge, publish, or otherwise make known, except as authorized by law, any information regarding the loss prevention review. I agree to maintain the confidentiality of the records/information maintained by LPRT.

I will deny unauthorized requests for access to records/client information and will refer these requests to the agency.

I recognize that unauthorized release of private information may subject me to civil liability and/or state disciplinary action under the provisions of state and/or federal law and that any person may bring an action against me should I willfully release private information or records.

I hereby agree to abide by the conditions regarding privacy as outlined above and stated in the law.

Date

Signature of LPRT Member