



Transcriptionist Confidentiality Agreement

I understand that all records concerning reports of child abuse, abandonment and neglect, including, but not limited to, any and all reports made to the central abuse registry and tracking system as well as any and all records generated as a result of said reports are confidential and shall not be disclosed except as specifically authorized by 39.202, F.S.

I hereby swear to uphold the confidentiality regarding any and all information learned by transcribing juvenile court hearings; I understand that I am subject to the same standards of confidentiality as the Department of Children and Families, the Court and private agencies pursuant to 39.0132, F.S.

I have read and understand this confidentiality agreement. My signature below affirms my agreement with this policy and my intended compliance with Florida Statutes, Chapter 39 as contained herein.

Signature

Printed Name

Date

STATE OF FLORIDA
COUNTY OF _____

Sworn to or affirmed and signed before me on _____ by _____.

NOTARY PUBLIC or DEPUTY CLERK

[Print, type, or stamp commissioned name of notary or deputy clerk.]

____ Personally known
____ Produced identification
Type of identification produced _____