

Date

## Hillsborough County Sheriff's Office Tampa, Florida



## **Peer Support Team Confidentiality Agreement**

Print Name	Signature / ABN
Support Team and possible disciplinary action.	
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I fully understand that any breach of confidentialit	y will result in immediate dismissal from the Peer
and case reviews.	
I also agree to hold in confidence any information	I learn about my peers through Peer Support training
documented in GEN SOP 562.01.	
order, subpoena, disciplinary action, criminal matt	ers, or threats to personal or public safety as
and its success, is maintaining strict confidentiality	at all times with the following exceptions: court
In agreeing to participate as a Peer Support Team i	member, I understand that a vital part of this program
as a part of the reel support ream.	
as a part of the Peer Support Team.	
information that I gather while working with indivi	duals, spouses, family members or fellow workers
As a volunteer peer with the Hillsborough County S	Sheriff's Office, I agree to hold in confidence any