

**NEZ PERCE VOCATIONAL REHABILITATION SERVICES
CONFIDENTIAL INFORMATION**

I, _____ , as a condition of Nez Perce Vocational Rehabilitation Services (NPVRS) acknowledge that certain information, including my case and activity with regard to the purchase orders, checks, petty cash, financial business or other affairs of Nez Perce Vocational Rehabilitation, is confidential. I further agree that any such information received by me in my file shall be treated, by me, in full confidence and will not be revealed orally, in writing, or otherwise, to any other persons, firms or organizations unless a release of information is signed. I agree not to communicate with Nez Perce Finance. Such agreement shall remain in full force and effect despite any separation of NPVRS that may subsequently occur. In accordance with the Nez Perce Tribe Human Resource Manual.

Signed: _____

Date: _____

NPVRS Staff witness: _____