

# Client Data Protection Confidentiality Form

Client Name

Organization

Contact Email

Date

## Confidentiality Commitment

I acknowledge that in the course of my engagement or interaction with the above organization, I may have access to confidential data and client information. I commit to protecting this information and will not disclose or share it with unauthorized persons.

☐ I agree to the terms of the confidentiality commitment.

Client Signature

Date

Company Representative Signature

Date

Additional Notes