FORM A - 20th JUDICIAL CIRCUIT THERAPY DOG PROGRAM

OATH OF CONFIDENTIALITY

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert printed name of handler), pursuant to Florida Statutes and policies and procedures of the 20th Judicial Circuit of Florida, and under the penalties of perjury, do hereby solemnly swear/affirm that I will maintain the confidentiality of all information, whether written or verbal, received through the scope of my service as a handler for a therapy animal or facility dog including but not limited to information pertaining to the victim/witnesses and their families. I understand that all records and information pertaining to dependency matters are confidential pursuant to Chapter 39, Florida Statutes, and applicable federal law. I also understand that information regarding victims of sexual abuse, sexual offenses, and domestic violence, as well as information regarding abuse, neglect, or exploitation of vulnerable adults are confidential under Florida Statutes.

 I, hereby solemnly swear/affirm that absent a court order I will not disclose to any person or entity any information or records connected with these cases in which I served as a handler.

I, acknowledge that I have an on-going obligation to ensure that confidential information is not divulged to anyone not bound to respect this confidentiality and to ensure that such information is not for personal use, gain, or revealed in any manner.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Handler’s Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Handler’s Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Handler’s Driver’s License No./State ID Card No.

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The foregoing instrument was sworn and subscribed before me this \_\_\_\_\_\_ day of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_, by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of handler).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Notary Public – State of Florida

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Notary Public – Typed, Printed, or Stamped

Personally Known \_\_\_\_\_\_ or Produced Identification \_\_\_\_\_

Type of Identification Produced: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_