



Low-Income Energy Assistance Program

STATEMENT OF UNDERSTANDING  
CONFIDENTIALITY OF INFORMATION

I, \_\_\_\_\_, understand that as an employee or volunteer of Goodwill of Colorado, contracting for counties in the State of Colorado, I am subject to the rules and regulations of the Department. All information collected and maintained by this Agency for recipients of assistance and/or services is of a confidential nature. Employees and Volunteers of Goodwill of Colorado must recognize their responsibility to provide adequate safeguards to maintain the confidentiality.

**I further understand that any employee or volunteer who violates confidentiality of information will be dismissed, and may be subject to criminal prosecution pursuant to Colorado Revised Statutes (CRS) 19-1-120 (1)(b), CRS 19-3-314, CRS 24-72-204 (1)(3)(4)(5)(6), CRS 26-01-114 (1)(3)(4), CRS 26-06-107 (3).**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Witness Signature**

\_\_\_\_\_  
**Date**