

Privacy Agreement
(Your name)
and
(Name of Communication Assistant)

Please ask your communication assistant to read and sign this form.

I promise to keep private all information about you and your communication.

This includes:

- Anything you communicate to me or anyone else
- Who you communicate with
- What you communicate about
- Where you communicate
- What was communicated to you by another person
- Anything I heard at the communication event

Signed by Communication Assistant:

Date:

Please make two copies. Give one to the person you are assisting and keep one for your records.