

OVR-142
7/10
ALL

Department of Labor & Industry
Office of Vocational Rehabilitation

CONFIDENTIALITY

I, _____ agree that I will not solicit, disclose, receive or make use of any
(Print name.)
information concerning, persons applying for or receiving vocational rehabilitation services, directly or indirectly
derived from the execution of my duties as a Driver pursuant to contract # _____.

Further, I agree to maintain the confidentiality of information obtained in the course of my duties with respect to
all matters relating to employees and customers of the Pennsylvania Office of Vocational Rehabilitation, whether
such information is written, verbal or observed.

I understand that I must not divulge this information to any person or entity. Breach of this confidentiality may
result in termination of the contract.

Driver Signature

Date

OVR Staff Signature

Date

Auxiliary aids and services are available upon request to individuals with disabilities. Equal
Opportunity Employer/Program