**Confidentiality Agreement**

As an employee of (Law Firm), I acknowledge that I have been instructed regarding the confidentiality of all firm business, client disclosures, activity and records and, except as required by law in the course of my duties, or where instructed in writing by my supervisor, I am aware that all client disclosures, firm books, records, files and memoranda are to be treated in strict confidence. I pledge that I will not disclose information relating to the firm, its business or its clients during my employment or after termination thereof, whether such termination be voluntary or involuntary. I understand that any breach of confidentiality will be grounds for my immediate dismissal as a firm employee.

This the day of , 20 .

Signature

Witness

Attorney’s Signature

**PRACTICE AID GUIDE:** The Essentials of Law Office Management

**CHAPTER 4** Maintaining the Attorney-Client Relationship and Law Office Procedure

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