Exhibit – Confidentiality Declaration Form

Confidentiality Declaration Form – Board of Directors, Staff and others who have access to Family Visions Inc.

Full Name _____

I have read, understand, and agree to abide by the Family Visions Inc. Confidentiality Policy, and I understand that such adherence is a condition of my employment or volunteer work.

I understand that a violation of the policy may be grounds for discipline up to and including removal from the board as per the bylaws.

_____ _____

Signature Date Signed