



A Matter of Balance Program

Master Trainer Pledge of Confidentiality

I understand, as a Master Trainer for *A Matter of Balance: Managing Concerns About Falls*, I must maintain strict confidentiality with coach and participant information. I agree never to disclose or discuss coach or participant information with anyone not involved in the program without appropriate permission unless required to do so by law. I understand that a breach of confidentiality will be interpreted as misconduct that may prevent my continuing relationship with Partnership for Healthy Aging.

I certify that I have read the above statement of confidentiality, that I understand its provisions, and that I will abide by it.

Master Trainer Name: _____
(Print)

Master Trainer Signature: _____

Date: _____