

Elder Financial Safety Center

Statement of Confidentiality & Counseling Agreement

The Elder Financial Safety Center staff, counselors and its affiliates maintain a high level of confidentiality when managing your information. Personal data and supplemental information provided to the Center staff, counselors and its affiliates is handled with the utmost care for your privacy and security in accordance with agency policy, local, state and federal laws. Social security numbers are collected only if needed, and any paper documentation not required by agency policy or law to retain is shredded for your protection.

1. My participation in the Elder Financial Safety Center (the Center) counseling service is voluntary, and I can end my participation in the counseling service at any time. [REDACTED]
2. I know the Center counselor will help me identify individualized options that match the financial goals I want to accomplish, but I will need to find my own broker or agent without recommendation from a Center counselor if I want to purchase a product or service. [REDACTED]
3. I will provide honest, accurate information about my finances, and any other materials that I provide to the Center counselor or its affiliates will be true and correct. [REDACTED]
4. I understand that the Elder Financial Safety Center staff, counselors or its affiliates do not give legal advice or advice on investments, and assumes no liability for monetary loss due to investments that I may make. [REDACTED]
5. I recognize the Elder Financial Safety Center staff, counselors or its affiliates are not responsible in any way for my spending, actions and/or deeds; and that the Center shall not be responsible for any loss or damage caused, or alleged to have been caused, directly or indirectly, by the counseling, education or information contained, suggested or referenced in a counseling session(s). [REDACTED]
6. I fully and forever release and discharge the Elder Financial Safety Center staff, counselors and its affiliates from any and all claims, causes of action or liability for any loss or damage sustained or incurred by me arising out of or in any way associated with my use of counseling services including all claims, causes of action or liability arising out of negligence by the Center staff, counselors or affiliates. I agree to indemnify and hold harmless the Center staff, counselors or affiliates, from any loss, damage or expense, including all attorneys fees and costs sustained or incurred by them arising from any such claims, causes of action or liability whether brought by me, anyone acting on my behalf or anyone else because of conduct attributed to me. [REDACTED]
7. This Agreement shall be binding upon my heirs, assigns and any personal entity acting on my behalf. [REDACTED]

I assume full responsibility for acting on any suggestions that the Elder Financial Safety Center staff, counselors or its affiliates may make in a counseling session, by phone, through mail or by way of electronic communications, and by signing below, acknowledge that I have read and understand the Elder Financial Safety Center's Confidentiality and Counseling Agreement:

Client Signature

Date

Coach/Counselor Initials