

Confidentiality Agreement

1. I understand and agree that in the performance of my duties as a Volunteer, I must maintain and safeguard the confidentiality of both client information and information I obtain through my activities as a volunteer with *Eastside Friends of Seniors*.

2. Confidential data and information include:

- Data/information which identifies a client or their family.
- The fact of a client's admission to or use of health care services, and all information and records compiled, obtained, or maintained by health care workers or by me in the course of providing services.
- *Eastside Friends of Seniors* policies, procedures, standards, and published materials.

3. I agree not to divulge, publish, or otherwise make known to unauthorized persons or to the public any identifiable information, which is obtained in the course of my service as a volunteer. I understand that the client's written authorization is required for me to disclose this information, and that this authorization must be in a particular format which is available through *Eastside Friends of Seniors*.

4. I understand that disclosure to the client's own healthcare providers or to the volunteer program itself is beneficial to the person and is not prohibited. I further understand that law may require me, under certain circumstances, to report information to either Adult Protective Services or to Child Protective Services, and that such a report would not be a violation of this confidentiality agreement.

5. I recognize that unauthorized release of confidential information may result in legal penalties including possible fines or lawsuits by the client or the client's family. As a Volunteer I understand that I may be terminated if I disclose or redisclose confidential information without the client's written authorization.

I understand and agree to the above policy. I am aware that breach of confidentiality may be grounds for dismissal.

_____/_____/_____
Signature of Volunteer Witness Date