

## 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 donor, volunteer, client or their family.
- Donor financial information, including credit card numbers and related figures

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 donor, volunteer, or client's written authorization, as applicable, 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 recognize that unauthorized release of confidential information may result in legal penalties including possible fines or lawsuits by the donor, volunteer, 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 donor, volunteer, or client's written authorization.

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

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Signature of Volunteer                      Witness                      Date