



Volunteer Confidentiality Form

I, the undersigned, _____ (Name of volunteer) agree that I will hold in confidence the identities of persons utilizing the Foothills Country Hospice services, their client records and will divulge such information, orally or in writing, only to those Hospice Society volunteers or staff as authorized by the Hospice Society whose duties require them to have a "need-to-know."

Without such "need-to-know", such information will not be divulged to any person.

I further agree to conform to the best of my ability to the Foothills Country Hospice Society requirements respecting the marking, control, transmission, reproduction, handling, storage and destruction of records and information.

I agree to allow the Foothills Country Hospice Society to photograph me and allow reproduction of such photographs to further the mission of the society.

Personnel are provided with security privileges in accordance with individual job responsibilities, whereby such authorizations may enable access to confidential personnel, personal or donor information, beyond the scope of their job responsibility and/or geographic area. Any unwarranted review and/or disclosure of confidential information will be considered a breach of this Confidentiality Agreement and subject to consequences including immediate termination as a volunteer of the Foothills Country Hospice Society.

I acknowledge that in the event of my breach of this Confidentiality Agreement, the Society and other third parties may have a claim (for damages) against me.

_____(Signature) and (Date)

_____(Witness) and (Date)