



**RotaCare Bay Area, Inc.**

## **Volunteer Confidentiality Statement**

As a volunteer for RotaCare Bay Area, Inc.,

1. I agree to maintain the confidentiality of patient information. Information about the patient's condition or personal affairs will not be discussed in the entry area, hallways, or other public areas in the Clinic or elsewhere where conversation might be overheard. I shall also refrain from discussing patients by name outside of the Clinic setting.
2. I agree to insure confidentiality of patient's records and/or charts by allowing only Health Care Providers access to out-of-file records.
3. I agree to withhold information about a patient's condition from relatives and friends unless authorization for release is provided by the patient.
4. I agree to use only the patient medical record numbers for the purpose of written counseling or problem coaching agreements given to volunteers.
5. I understand that violations of patient or clinic record confidentiality will result in disciplinary procedures, which may include my release from service.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_