



CONFIDENTIALITY AGREEMENT

In my capacity as a volunteer with The Dorothy Ley Hospice I may become aware of medical, financial, or personal information related to clients, their family members, donors, volunteers, and staff. I recognize that this information is highly confidential, the disclosure of any of which could be embarrassing and /or detrimental to the best interest of either the client, their family, donors, volunteers and staff or The Dorothy Ley Hospice.

I agree to maintain the confidentiality and privacy for all records on the database of The Dorothy Ley Hospice, including records on clients, donors, volunteers, and all other information that may be shared including statistics, expenses, and the life experiences of clients and client families. I agree that The Dorothy Ley Hospice may advise me that other information passed to me is considered confidential.

I will not remove records from a client’s home or hospice office unless authorized to do so under Hospice supervision. I agree not to gain intentionally or unauthorized access to confidential information that is not necessary to perform my volunteer duties.

In reference to hospice clients, this confidential information may only be shared with those persons specified by the client in his/her consent to receive services. These people will vary from client to client. (E.g., hospice staff, care team volunteers, medical caregivers) The purpose of sharing this information is to enhance care and benefit the client. All reasonable discretion will be exercised when sharing this information.

I agree not to divulge either during the term of my involvement with The Dorothy Ley Hospice or at any time thereafter any such confidential information, to any third party whatsoever, and I agree not to divulge the names or identity of persons receiving care from The Dorothy Ley Hospice to anyone, except as may be required by law.

I also agree to keep confidential all personal information or privileged information with respect to my colleagues at The Dorothy Ley Hospice.

Having read this Confidentiality Agreement, I agree to abide by these.

I, _____

I UNDERSTAND AND AGREE TO ABIDE BY THE SPIRIT OF THIS AGREEMENT.

Volunteer signature: _____

Witness Signature: _____ Date: _____