

Volunteer Confidentiality Statement

I, _____, hereby agree to regard all information received in the performance of my volunteer work in this health care facility as confidential.

I understand that this facility respects residents' rights with regard to privacy of information and I agree to respect these rights in the performance of my volunteer duties and keep "professional" confidentiality in all my statements outside the facility. This facility further respects the rights of family and representatives of residents.

Protected Health Information (PHI) is individually identifiable health information, in any form, about a past, present or future physical or mental condition, which is learned in the process of serving the resident. Examples of individually identifiable information include resident name, address, date of birth, age, social security number, medical record number, phone number, fax number and e-mail address. Individually identifiable health information for a deceased resident is still considered PHI until 50 years after the resident's death when it is no longer PHI.

If a resident is discharged from Marycrest Manor to home, hospital, hospice, other skilled nursing or other facility, Protected Health Information learned or obtained by the volunteer about the resident is confidential and cannot be shared. In order to maintain a resident's privacy of information, volunteers are not to request discharge location information or visit former residents in another facility once they have been discharged from Marycrest Manor.

I agree to respect residents' rights to privacy, as well as those of the family and the facility whenever I make community presentations or participate in volunteer recruitment programs. The content of these presentations will be approved in advance by the Director of Volunteers or the Department Head. I will not use or disclose Protected Health Information of current or former residents outside of my volunteer activities at Marycrest Manor unless such use is first authorized by the Volunteer Coordinator.

Volunteer's Signature

____/____/____
Date

Director of Volunteer's Signature

____/____/____
Date