

# Student/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.

I agree to respect residents' rights to privacy, as well as those of the family and facility whenever I make academic or professional presentations or reports. The content of these presentations and reports will be approved in advance by the Director of Volunteers or the Department Head.

I realize that the failure to comply with this confidentiality policy could result in failure to successfully complete my academic experience at this facility along with other facility and/or state disciplinary measures.

Signed by:

\_\_\_\_\_  
Student/Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent (if under the age of 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Department

\_\_\_\_\_  
Date

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