

# CONFIDENTIALITY FORM

Volunteer Name: \_\_\_\_\_

As a \_\_\_\_\_ (insert your state) Youth Health Service Corps Volunteer I agree to follow all rules, policies, and procedures of both my volunteer site and the YHSC to the best of my ability.

I also agree to respect the confidential nature of all records and any personal contact I may have with patients. I will adhere to all rules, policies, and procedures pertaining to confidentiality regarding all files and identification of patients, former patients, or potential patients with which I come in contact. I will treat all information about any patient as absolutely confidential.

I understand that I am expected to be professional and maintain confidentiality at all times, whether dealing with actual records, projects, or conversations, and abide by the obligations of contractual confidentiality agreements. This includes, but is not limited to, conversations, computerized information, and patient charts.

I understand that patient information is not to be accessed, altered, removed, discussed with or disclosed to unauthorized persons, either within or outside the institution. Specifically, I further understand that information regarding a patient's identity, diagnosis, or treatment should never be discussed inside or outside of my volunteer placement.

Additionally, I understand that I am prohibited from having unauthorized possession of confidential records or disclosing information contained in confidential records to unauthorized persons. I understand that I am also prohibited from disclosing confidential information to unauthorized third parties.

I am aware that my volunteer agency has a legal responsibility to protect every patient's privacy and any breach of this trust will result in dismissal from the \_\_\_\_\_ (insert name of your state) Youth Health Service Corps. I understand that any violation of this confidentiality requirement will result not only in my dismissal from the \_\_\_\_\_ (insert name of your state) Youth Health Service Corps, but could also result in other appropriate disciplinary and/or legal action being initiated by the \_\_\_\_\_ (insert name of your state) Youth Health Service Corps and/or my volunteer agency.

I will report any suspected breaches of confidentiality to my supervisor at my volunteer agency and to a YHSC staff member.

I have read and fully understand the above statements.

\_\_\_\_\_  
Youth Health Service Corps Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date