



BRAVE HEAR
VOLUNTEER!
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VOLUNTEER CONFIDENTIALITY AGREEMENT

I, _____ understand and agree that I must maintain and safeguard the confidentiality of care receiver information and other information I may obtain through my activities as a Brave Heart Volunteers volunteer.

Confidentiality is a critical ethical issue in volunteer and care receiver relationships. Volunteers are involved in close relationships with care receivers and their families during difficult times. Care receivers and their families have a right to expect their experiences and decisions will be kept strictly private and confidential. A trusting relationship honoring an individual's "Right to Privacy" is necessary for the care receiver to feel safe and comfortable in expressing his or her true feelings and concerns. Any and all personal information must be held in the utmost confidence.

I agree not to divulge, publish, or otherwise make known to unauthorized persons or to the public any identifiable, personal information, which is obtained in the course of my service as a volunteer. I understand that the care receiver's written authorization is required for me to disclose any such information, and that this authorization must be obtained with an official Brave Heart Volunteers release form.

Volunteers are not to discuss or disclose confidential information concerning care receivers in circumstances where an unauthorized person may overhear the conversation.

Confidential information also includes:

- Data or information which identifies a care receiver or their family
- Assessment forms, referral forms, and computer records
- Information received verbally from the care receiver
- Admission to or use of any health care services, and all information and records compiled, obtained, or maintained by health care workers and by me in the course of providing services

I understand that appropriate disclosure out of caring concern to Brave Heart Volunteers Program Manager is beneficial to the patient and is not prohibited. I further understand that law may require me, under certain circumstances, to report information to either Adult Protective Services or to Child Protective Services, and that such a report would not be a violation of this confidentiality agreement.

I recognize that unauthorized release of confidential information may result in legal penalties including possible fines or lawsuits by the care receiver or the care receiver's family. As a Brave Heart Volunteers volunteer, I understand that I may be terminated if I disclose confidential information without the care receiver's written authorization.

I understand and agree to the above policy, and I am aware that a breach of confidentiality will be grounds for dismissal in my role as a volunteer.

Signature of Volunteer: _____ Date: _____