

CONFIDENTIALITY AGREEMENT

I hereby acknowledge that my volunteering for or being employed by La Reunión may involve information of a confidential or privileged nature. I will not disclose, copy or disseminate any privileged or confidential information except as is required in the course of my duties, using established procedures of this practice and with the expressed written permission of the person to whom the information pertains.

I will not make verbal declarations or hold such conversations that would in effect release, transmit, or communicate privileged or confidential information to persons not allowed access to such information.

Information about clients, patients, children or community members, their personal lives or their illness must not be kept in places that could be seen by casual observers. This information is to be kept strictly confidential. It is illegal for any volunteer or employee to reveal information about clients, even to their spouse, other family members, attorneys, insurance companies, physicians, or anyone else without the written consent of the clients.

I will not give any personal information such as telephone number, address, or any other information that would allow clients to have access to my home, family or any knowledge of my personal finances or social history.

This is a binding confidentiality agreement. This confidentiality agreement applies while I am a volunteer or employee with any program of La Reunión and also once my volunteer or employment duties come to an end.

I acknowledge that violation of the privileged or confidential nature of the patient/student information and other information pertaining to this practice and its business activities may result in immediate termination of volunteer or employee duties.

Signature

Volunteer/
Employee

Date

Witness

Date

