

CONFIDENTIALITY WAIVER

I UNDERSTAND THAT IN THE COURSE OF MY VOLUNTEER WORK I MAY BE EXPOSED TO INFORMATION OF A CONFIDENTIAL NATURE PERTAINING TO PATIENT'S, RESIDENTS OR STAFF AND/OR THEIR FAMILIES.

I WILL CONSIDER AS CONFIDENTIAL ALL INFORMATION WHICH I MAY HEAR DIRECTLY, AND WILL SEEK NO INFORMATION IN REGARD TO A PATIENT, RESIDENT, OR STAFF MEMBER EXCEPT AS IT PERTAINS TO MY VOLUNTEER

I WILL UPHOLD THE TRADITIONS AND STANDARDS OF THIS HEALTH-CARE FACILITY AND WILL SAFEGUARD ITS' REPUTATION BY MAINTAINING THE HIGHEST STANDARDS OF CONFIDENTIALITY.

SIGNATURE _____

PARENT'S SIGNATURE _____ DATE _____

CANDY STRIPER ADVISOR _____