



## Volunteer Confidentiality Statement

I, \_\_\_\_\_, agree as a volunteer to regard all information relating to patient, clients, employees and Unity in general, written or otherwise as confidential. I agree to never communicate information regarding a patient's or client's medical records, diseases or other conditions, and personal or family history to anyone other than the professional and paraprofessional personnel who require such information to treat Unity Health Care, Inc.'s patients or clients.

I understand that volunteers will not communicate with any outside organizations or the media in regards to Unity Health Care business. If an organization approaches me, I will refer them to the Coordinator of Volunteer Programs.

This agreement is binding for the entire time I will be volunteering at Unity Health Care, Inc.

I understand that if I break this agreement, my volunteer experience at Unity Health Care, Inc. will be terminated.

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Volunteer's Printed Name

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Volunteer's Signature

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Date