

BROOKE COUNTY COMMITTEE ON AGING
VOLUNTEER CONFIDENTIALITY AGREEMENT

I, _____, understand that in the performance of my duties as a volunteer for the Brooke-Hancock-Ohio-Marshall RSVP Program, under sponsorship of the Brooke County Committee On Aging, I will have access to privileged information about the clients/volunteer stations I am serving, including medical, insurance, and other confidential/personal data. I agree to restrict my use of such information to the performance of my duties. I will not discuss any case or mention any client's/station's name, or otherwise reveal or disclose information pertaining to any client, except when in direct contact with other federal, state or local agencies, and then only for the purpose of assisting the client/station.

I hereby acknowledge my obligation to respect the privacy and the confidentiality of the information pertaining to clients/volunteer stations and to exercise good faith and integrity in all dealings with the volunteer station(s) I serve, their clients and their personal information. I also understand that any unauthorized use or disclosure of information pertaining to a client or a volunteer station may result in my immediate suspension and/or dismissal and may subject me to civil liability for breaching the client's/station's right to privacy.

Volunteer Signature

Date

Agency Representative Signature

Date