



Volunteer Confidentiality Agreement

Confidentiality is an important part of ensuring the privacy of both those providing and receiving services from our organization.

I understand that during my service with Hilltop, I may be exposed to information of a confidential nature. This information may include any of the following categories:

- Client or resident information
- Client or resident family information
- Donor information
- Employee information
- Volunteer information
- Protected Health Information (HIPAA)
- Other sensitive information not described above.

Confidentiality of such information (personal or identifying in nature) means that it is not to be discussed or shared with others outside of Hilltop. Information regarding clients and residents may be discussed only with the authorized Hilltop staff providing program services.

I have read Hilltop's Confidentiality Policy attached, and understand it. I further understand that failure to abide by the confidentiality requirements will result in immediate action up to and including release from the volunteer program. Breaches in Confidentiality may also result in legal action, including possible criminal penalties.

I, _____, have read Hilltop's Confidentiality Policy
(Please Print Name)

and by signing this statement agree to all conditions.

Signature

Date