

Presbyterian Medical Care Mission

Volunteer Confidentiality Agreement

Presbyterian Medical Care Mission (PMCM) has a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of their health information. Additionally, PMCM must assure the confidentiality of its employee, payroll, fiscal, computer systems and management information. In the course of my volunteer duties, I understand I may come into the possession of confidential information. I also understand my personal access code used to gain access to the premises, and/or, computer systems, is also an integral part of this confidential information.

I understand the following confidential responsibilities regarding my volunteer duties:

1. Access to confidential information without a patient care/business need-to-know in order to perform my job – whether or not that information is inappropriately shared – is a violation of this policy. I agree not to disclose confidential or proprietary patient care and/or business information to any third party (including family or friends) or other volunteers or employees who do not have a need-to-know.
2. I agree not to discuss confidential patient, employee, payroll, fiscal, or administrative information where others can overhear the conversation, e.g., in hallways, workrooms, break rooms, at restaurants, or social events. It is not acceptable to discuss clinical information in public areas even if a patient's name is not used.
3. I understand I am responsible for information that is accessed with my password. I am responsible for every action that is made while using that password. Thus, I agree not to willingly inform another person of my computer password or knowingly use another person's computer password instead of my own.
4. I agree not to make any unauthorized transmissions, inquiries, modifications, or purging of data in the system. Such unauthorized transmissions include, but are not limited to, removing and/or transferring data from PMCM's computer systems to unauthorized locations, e.g., home.

Volunteer Signature

Date

Presbyterian Medical Care Mission

Volunteer Information Sheet

Personal Information

Name: _____

Address: _____

City: _____

Zip: _____ Phone: _____

e-mail _____

Occupation or previous occupation if retired: _____

Church Affiliation _____

Date of Birth: _____ (Year not required)

Reference

Name: _____

Phone: _____

Affiliation: _____

Years known: _____

Emergency Contact

Name: _____

Phone: _____

Relationship: _____

Mission Information

Start Date: _____

Hours Available: _____

Preferred Shift: _____