



Volunteer Confidentiality Agreement

JLDtherapy recognizes the importance of protecting confidential information in any form (talking, paper, electronic) concerning patients, their families, employees, and volunteers in the operation of JLDtherapy, as well as the importance of protecting the proprietary information of JLDtherapy.

The purpose of this agreement is to document the understanding and agreement of Volunteer to maintain the confidentiality of such information at all times, both at JLDtherapy and outside JLDtherapy. More specifically, patient information should only be relayed to those persons involved with the patient's treatment; persons designated by JLDtherapy.

SCOPE OF AGREEMENT. I agree to follow all policies and procedures, rules and regulations of JLDtherapy including, but not limited to the following:

- I will protect the confidentiality of patients, employees, volunteers and other proprietary information as well as any privileged or confidential information.
- I will inform JLDtherapy immediately of any and all requests for a patient's confidential information and follow directions on how to proceed.
- I will not release such confidential information to any unauthorized source.
- I understand and agree not to access or attempt to access information unless I have been authorized to do so and this access is needed to perform my volunteer duties.
- I will not release any confidential information without the appropriate authority providing me with the permission to do so.
- I will report breaches of this Confidentiality Agreement by others to the Volunteer Coordinator.
- I understand that JLDtherapy reserves the right to audit, investigate, monitor, access, review, and report on use of any Confidential Information obtained from JLDtherapy with or without advance notice.
- I will inform JLDtherapy of any accidental unauthorized disclosure of a patient's confidential information.
- I will maintain confidentiality agreement upon termination of service and will return all confidential materials as directed by JLDtherapy.

BREACH OF AGREEMENT. I understand that breach of any provision of this Agreement may result in immediate termination of relationship, at the option of JLDtherapy, in addition to any other rights and remedies available at law (civil and criminal) which JLDtherapy may pursue. Please sign below to indicate your acceptance and agreement with these terms outlined above.

Signature: _____

Date: _____

Print Name: _____

Examples of Breach of Confidentiality (What you should NOT do)

These are examples only. They do not include all possible breaches of confidentiality.

1. Accessing information that you do not need to know to do your job:

- Unauthorized reading of patient account information.
- Unauthorized reading of a patient's chart.
- Accessing information on children, friends, or coworkers.

2. Sharing, copying or changing information without proper authorization:

- Making unauthorized marks on a patient's chart.
- Making unauthorized changes to an employee or volunteer file.
- Discussing Confidential Information in a public area such as a waiting room, hallway or with personal friends.
- Posting a picture of a patient on Facebook, Twitter, personal emails, or any other media.

3. Sharing your User ID and password:

- Telling someone your password so that he or she can log in to your work.
- Giving someone the access codes for employee files or patient accounts.
- Emailing Confidential Information outside of JLDtherapy by unsecure methods (not encrypted)

Examples of Protected Health Information:

- Patient name or name of family members
- Medical record number
- Address
- Names of employers
- Birth date
- Social security number
- Telephone number
- Fax number
- Email address