



Volunteer Confidentiality Statement

I, _____, understand that in the course of my interviews, observations, training and or volunteer duties; I will have access to confidential patient and organizational information. I further understand that the core values of Albany InReach Services are integrity, compassion, excellence, service, stewardship, respect and leadership and are practiced in all our interactions and that confidentiality is a key component of the values. Information related to patient identification, plan of care, treatment, prognosis, or any other aspect of providing services within Samaritan Health Services is confidential.

I thereby understand that it is a breach of patient's trust and is thereby unethical for me to obtain and/or divulge any information about any patient for any reason other than to further Albany InReach Services aim of providing quality patient care and that disclosure of this information outside the realm of my duties will result in my immediate release from the facility.

I have read and understood the above.

Signature

Date

Printed Name