



VOLUNTEER CONFIDENTIALITY AGREEMENT

I, _____, understand that client records are protected under
(Print name of volunteer)

Federal and State Confidentiality regulations and cannot be disclosed without written consent of the client unless otherwise provided for in the regulations. I also understand that any information received subsequent to authorization for release will be maintained with reasonable care by OLHSA and that OLHSA is not responsible for any dissemination of material that may occur unless through its gross negligence or gross mismanagement.

I understand that the names, addresses, and personal information I may learn while servicing OLHSA clients are confidential and are not to be discussed with anyone except an OLHSA immediate supervisor or other appropriate manager.

I further acknowledge, as a volunteer of OLHSA, I agree not to divulge any information pertaining to OLHSA's client(s) unless Federal and State Confidentiality Regulations warrant me to do so.

Volunteer Signature

Date

Witness Signature

Date