

## REGIONAL SHELTER COMMAND OPERATIONS

# SHELTER STAFF/VOLUNTEER CONFIDENTIALITY AGREEMENT

Consistent with applicable state and federal laws, the Principles of Ethics of both the American Medical and Hospital Associations, and established shelter policies and procedures, individuals who may come in contact with patients, information, and records, whether medical, financial, or any other – whether electronic, written, spoken or signed, I agree to safeguard and protect confidential information.

- I understand that accessing confidential information or allowing access by unauthorized individuals, whether intentional or not, or any other breach is grounds for immediate and permanent dismissal from the shelter and will be investigated and possibly reported to applicable local, state and federal authorities.
- I acknowledge my legal and ethical obligation to maintain the confidentiality of all information pertaining to the shelter, its volunteers, and its patients/clients.
- I understand that the unauthorized access, use, copy, disclosure, or dissemination of any confidential information or records whether stored in hard copy, film, or electronic form is strictly prohibited.
- I will contact shelter administrators immediately if I believe any confidential information may have been compromised
- I understand that I am to maintain this confidentiality agreement even after I leave the shelter.
- I acknowledge that I have read the forgoing provisions and agree to abide by their terms.

Print Name

Signature

Date