

Confidentiality Agreement

While at Friendship, all information, including, but not limited to resident diagnosis or courses of treatment, physician or other professional activities, Friendship procedures, or financial and operating statistics, is confidential. This policy applies whether the information is to be accessed only on a "need to know" basis. The term "need to know" means that the information is essential for performance of responsibilities at Friendship Retirement Community. Friendship relies on volunteers' integrity to maintain this moral and legal obligation to residents and the organization. Any violation of this confidential information policy may lead to disciplinary or legal action against and/or dismissal of the volunteer.

By my signature on this Confidentiality Policy and Agreement, I acknowledge that I have read this Policy and Agreement and that I understand the content and importance of the policies set forth in it. I accept the responsibility that is placed on me as a Friendship volunteer to comply with the obligations that are set out and agree to abide by the policies of Friendship as outlined in this document. I understand and agree that my obligation to maintain the confidentiality of the information discussed in this policy and agreement shall continue after my relationship with Friendship ends.

Signature: _____ Date: _____

If Accepted as a Volunteer, I agree to: (Please initial next to each statement)

- 1. To have a PPD (Tuberculosis Skin Test) administered by the Occupational Health Nurse. _____
 - 2. Attend an orientation of facility policies that would impact my volunteer position. _____
 - 3. To keep all information confidential to respect residents' privacy and the policies of Friendship: _____
 - 4. I grant permission to Friendship Retirement Community to perform a criminal background check in compliance with Friendship's policy that prohibits individuals who have been convicted of a crime from volunteering. Examples of crimes include but are not limited to: MURDER, ABDUCTION FOR IMMORAL PURPOSES, SEXUAL ASSUALT, PANDERING, OBSCENITY OFFENSES, CRIMES AGAINST PROPERTY, CRIMES INVOLVING FRAUD, CRIMES INVOLVING HEALTH AND SAFETY, CRIMES INVOLVING MORALS AND DECENCY, AND ABUSE OF AGED AND INCAPACITATED ADULTS. _____
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REFERENCES:

I authorize employers, and persons listed below as references on this application, to furnish any information concerning my personal character, habits, employment record, and previous volunteer experience. I release all such persons from any liability or damages incurred as a result of responding to our inquiry and furnishing this information to us.

_____ (initials)

Name: _____ Phone #: _____ Affiliation: _____
Name: _____ Phone #: _____ Affiliation: _____
Name: _____ Phone #: _____ Affiliation: _____

I certify that the information provided in this application is true and complete in all respects and understand that falsification or omission shall be sufficient cause for dismissal or refusal of volunteer status.

Signature of Volunteer

Date