



Statement of Confidentiality Volunteer Services

As a volunteer at Scott and White University Medical Campus, I willingly adhere to all rules, policies and procedures pertaining to confidentiality regarding all files and identification of patients, former patients or potential patients for which I come into contact.

Confidential information includes but is not limited to:

- Patient's Medical Records
- Patient's Medical History
- Patient's Diagnoses and Treatments
- Patient's Financial Information
- Patient's Family Member Information
- Employee Information and Personnel Records
- Health System Policies
- Health System Committee Communications
- Health System Financial Information
- Health System Compensation/Salary Information
- Scientific/Medical Research Information
- All Proprietary Information and Materials

This information may exist as computer based systems or as written, pictorial, graphic and auditory forms.

I agree to follow all rules, policies and procedures to the best of my ability and to respect the confidential nature of all records and personal contact with patients.

I understand violation of this confidentiality requirement could result not only in my being dismissed from my volunteer position, but could also result in other appropriate disciplinary and/or legal action being initiated by Scott and White University Medical Campus.

I have read and fully understand the above statements.

Signature of Volunteer

Date

Printed Name