

NELSON AND DISTRICT HOSPICE VOLUNTEER APPLICATION

PLEDGE OF CONFIDENTIALITY/STATEMENT OF UNDERSTANDING

As a hospice volunteer, I realize that I am often made privilege to confidential information with regard to my client's identity, diagnosis and prognosis. It is my duty to recognize and ensure my client's undeniable right to confidentiality of information pertaining to the above.

Confidentiality regarding the personal information of Nelson & District Hospice Society clients, except when the law dictates otherwise, remains between the client and those directly involved in the client's care. Each volunteer is required to keep the confidentiality of clients, being mindful of inadvertent ways in which it is possible to breach such confidentiality.

I acknowledge that I understand the Nelson & District Hospice Society policy on Confidentiality of Patient Information as outlined here. I understand that all client information to which I may have access or learn about through my volunteer work is confidential and is not to be communicated in any manner.

I understand that compliance with confidentiality is a condition of my association with the Nelson & District Hospice Society, and that failure to comply may result in immediate termination of my position.

Name _____

Signature _____

Date _____

Witness _____