

CONFIDENTIALITY STATEMENT

P.E.T. P.A.L.S. has a legal and ethical duty to protect the privacy of all patients and residents of the facilities P.E.T. P.A.L.S. visits and the confidentiality of their health information. As a result, P.E.T. P.A.L.S. has instituted this Confidentiality Statement in order to document your acknowledgement and understanding of the policies of P.E.T. P.A.L.S.

I acknowledge and understand the following:

1. I agree only to access information that is needed to volunteer. I also agree only to disclose or discuss confidential information, including patient information, with those who need the information in order to do their job. I also agree not to disclose or discuss any confidential information outside the facility.
2. I understand that I am responsible for understanding and following the regulation, guidelines, and policies that apply to my P.E.T. P.A.L.S. volunteering pursuant to the P.E.T. P.A.L.S. manual provided at training.
3. I agree not to talk about confidential information where others can overhear the conversation; for example, in hallways, on elevators, in cafeterias, etc. I also agree not to talk about resident information in public areas even if a resident's name is not used.
4. I understand this form must be signed in order to take my pet on approved P.E.T. P.A.L.S. visits.
5. I agree to promptly report all violations or suspected violations of information security and/or confidentiality policies.
6. I understand that violation of this agreement may result in loss of privileges at participating facilities.

I have read and understand this Confidentiality Statement and have discussed any questions I have regarding this document with my team leader.

Signature of P.E.T. P.A.L.S. volunteer

Date

Printed Name

This Confidentiality Statement shall be interpreted and enforced in accordance with applicable state and federal laws.