



VOLUNTEER PLEDGE OF CONFIDENTIALITY
Volunteer Services Department
Connecticut Children's Medical Center

I, _____, have requested to be a volunteer. I understand that as a volunteer, I may have access to confidential patient information or information about a family. I understand that communication of, or access to such information, is acceptable only in discharge of my duties and responsibilities. Any such discussion shall not take place in public places (elevators, lobbies, cafeteria, off premises, etc.) or in the presence of persons not entitled to such information.

I further understand that the law provides for possible civil and criminal penalties for disclosure of confidential patient information. As such, I agree that I will not:

- Reveal to anyone the name or identity of a patient.
- Repeat to anyone any statements or communications made by or about the patient.
- Reveal to anyone any information that I learn about the patient as a result of discussions with others providing care to the patient.
- Write or publish any articles, papers, stories or other written materials that the names or identities of any patient can be discerned. If a paper or student journal is written about my volunteer work here, I agree that I will submit it to my hospital supervisor for review.

I have read this statement and understand my obligation to maintain patient confidentiality. I agree to honor that obligation and I understand that any breach of this policy may result in termination from the volunteer program.

Signature

Date

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