



VOLUNTEER

CONFIDENTIALITY AGREEMENT

As a volunteer, I understand that I may have access to members' confidential information through the Blaine Senior Center. When accessing and utilizing this information, I agree to abide by the following:

I understand that member records are confidential and are protected by both Federal and Washington State laws and regulations. This confidential information can be accessed by hearing or seeing it.

I agree to access only that member information which is authorized and necessary for the completion of my volunteer position.

I agree to keep all member information confidential and to not share it with anyone. I understand that giving information to any unauthorized person may result in disciplinary action up to and including removal from my position and prosecution, if necessary.

I understand that this confidentiality agreement will be kept on file throughout my volunteer service.

I understand that upon my departure from volunteer service with the Blaine Senior Center, my ability to access client information will end. I agree that I will not disclose any of the confidential information to any person.

I have read this document and understand my signature constitutes my acceptance of this agreement.

Printed Name _____ Date _____

Signature _____ Date _____