I, ____________________________, understand my obligation to maintain complete confidentiality of information in order to protect Patients and their families, as well as all members of the Doylestown Hospital family, from improper disclosure of information given in confidence, particularly when the information is related to the health, business, or personal matters of Patient, Patient’s families, Associates, Volunteers, or Members of the Board or Medical Staff. I also understand that confidentiality must be maintained regardless of the source of information, for example:

- Spoken word
- The medical record (patient’s chart)
- Computer records
- Records of Doylestown Hospital business such as financial reports, statistical data, minutes of meetings, personnel files, etc.

and that access to information and dissemination of information are both subject to confidentiality standards. Violation of a person’s right to confidentiality or inappropriate dissemination of information will be considered a breach of the value Respect and will be subject to immediate review and serious consequences up to and including termination of employment.

Volunteer Signature: ___________________________ Date: ____________

If volunteer is under 18 years of age, parent/legal guardian must sign below:
I, ____________________________ as the parent or legal guardian for the above named volunteer hereby agree to the above Commitment to Confidentiality.
Signature ________________________________ Date: ____________

Department: ____________________________

9/2016