

TRINITY HEALTH SYSTEM VOLUNTEER CONFIDENTIALITY STATEMENT

I understand and agree that in the performance of my duties as a volunteer of Trinity Health System, I must hold in strictest confidence any observations I may make or hear regarding clients, client families, or staff.

I understand that intentional or involuntary violation of confidentiality may result in disciplinary action, including termination, by Trinity Health System and/or possible legal action by other (i.e., clients, families of clients, etc.)

Volunteer's Signature _____ Date _____