



Do-All, Inc Statement Regarding Confidentiality

As a volunteer of Do-All, Inc you will have access to personal private and confidential information pertaining to consumers and the family. This information may include knowledge of physical, emotional, psychological or financial conditions about the person.

It is your responsibility to maintain confidentiality of this information at all times. Information pertaining to the emotional, social, physical or psychological status of the consumer and family may be discussed only in the context of team meetings or with the staff coordinator for the purpose of assessing and planning activities with the consumer or the consumer needs.

I understand that information for emergency purposes or health related issues are provided and that this information is to be held in confidentiality. It is to be used only when necessary for the stated purposes of care and treatment.

This document signifies that I have been made aware, and do understand that any disclosure of unauthorized information is grounds for termination of my volunteer services with Do-All, Inc. I further understand that any investigation by the Office of Recipient Rights may apply.

Volunteer Signature: _____ Date: _____

Witness Signature: _____ Date: _____

**Guardians signature required for volunteers under 18 years of age.*