



SCOTT & WHITE
Healthcare

Individual Confidentiality Form
Submitted To Volunteer Services

As a volunteer at Scott and White Memorial Hospital, I willingly adhere to all rules, policies and procedures pertaining to confidentiality regarding all files and identification of patients, former patients or potential patients for which I come into contact.

I agree to follow all rules, policies and procedures to the best of my ability and to respect the confidential nature of all records and personal contact with patients.

I understand violation of this confidentiality requirement could result not only in my being dismissed from my volunteer position, but could also result in other appropriate disciplinary and/or legal action being initiated by Scott and White Memorial Hospital.

I have read and fully understand the above statements.

Signature of Volunteer

Date