California Hospital Medical Center Foundation
A Dignity Health Member

VOLUNTEER CONFIDENTIALITY STATEMENT

The undersigned understands that all medical information acquired as a result of his or her participation in voluntary activities at Hospital is confidential and that the undersigned is prohibited from disclosing that information to any person or persons not involved in the care or treatment of the patients, in the instruction of students, or in the performance of administrative responsibilities at Hospital.

The undersigned agrees to protect the confidentiality of patient information as required by law at all times both during and following his or her relationship with Hospital.

Conversations between physicians, nurses and other healthcare professionals in the setting of a patient receiving care or between the undersigned and a patient are also protected and may not be discussed.

The undersigned recognizes that other sources of medical information include medical records, emergency room department and ambulance records, base station reports, W and I code 5150 applications, child abuse reporting forms, elderly abuse reporting forms, laboratory requests and results, and x-ray requests and results.

The undersigned understands that a breach of this confidentiality by him or her may result in an action for damages against him or her as well as against Hospital. Hospital may terminate the individual's relationship with the Hospital based upon a single breach of confidentiality by him or her.

_____	_____
Volunteer Name (please print)	Date
_____	_____
Signature	Date
_____	_____
Entity Supervisor	Date

California Hospital Medical Center Volunteer Services Department
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