



WEST KOOTENAY BOUNDARY CAREGIVER SUPPORT VOLUNTEER APPLICATION
PLEDGE OF CONFIDENTIALITY/STATEMENT OF UNDERSTANDING

As a caregiver support volunteer, I realize that I am often made privilege to confidential information with regard to my client's identity, diagnosis and prognosis. It is my duty to recognize and ensure my client's undeniable right to confidentiality of information pertaining to the above.

Confidentiality regarding the personal information of West Kootenay Boundary Caregiver clients, except when the law dictates otherwise, remains between the client and those directly involved in the client's care. Each volunteer is required to keep the confidentiality of clients, being mindful of inadvertent ways in which it is possible to breach such confidentiality.

I acknowledge that I understand the West Kootenay Boundary Caregiver client's policy on Confidentiality of Patient Information as outlined here. I understand that all client information to which I may have access or learn about through my volunteer work is confidential and is not to be communicated in any manner.

I understand that compliance with confidentiality is a condition of my association with the West Kootenay Boundary Caregiver clients, and that failure to comply may result in immediate termination of my position.

First Name _____ Last Name _____

Signature _____ Date: _____

Witness _____ Date: _____