



"Where Love is Shared, Hope is Restored and Dreams Take Flight"

Confidentiality Agreement for Volunteers

I, the undersigned, acknowledge that during the course of my voluntary participation or performance of duties for Sparrows Rest that I may receive access to confidential information of clients that are served by Sparrows Rest that is prohibited from disclosure to others.

“Confidential Information” means information that is not commonly available to the general public, or is required by law or regulation to be protected from disclosure to third parties not considered part of the organization’s “workforce” as that term is defined by federal and state health information privacy regulations such as the Health Information Portability and Accountability Act. Confidential Information includes information contained in client records and any other information which identifies a client; information concerning the client’s background and family history; and information obtained during a client’s participation in equine assisted psychotherapy. Such information can be acquired by any means and in any form, written, spoken or electronic.

I agree not to share, disclose or discuss Confidential Information with anyone who does not have a legitimate interest in such information. I will abide by Sparrows Rest’s policies and procedures concerning the use or disclosure of Confidential Information and I will contact a board member of Sparrows Rest if I have any questions regarding these policies and procedures.

I will maintain and protect the privacy of Sparrows Rest’s clients in my use and disclosure of Confidential Information and I will not misuse or be careless with such information.

I understand that any violation of this agreement or Sparrows Rest’s policies related to access, use or disclosure of Confidential Information may result in significant legal ramifications for which I will be held solely responsible with respect to this agreement.

I acknowledge that I have reviewed all of the information above. I understand that compliance with the principles, policies and procedures expressed above is a condition of my participation and continued presence at Sparrows Rest.

Signature

Printed Name

Date