

## CONFIDENTIALITY STATEMENT

I understand that information regarding patients at Sumner Regional Medical Center is confidential and is not to be discussed without written authorization of the patient and /or the family member. I will discuss patients' information only in the course of my duties as a volunteer and never in open areas such as hallways, cafeteria, etc. where visitors or other patients might over hear it.

I also understand that information in some patients' records may be governed by federal regulations and that disclosure of such information is punishable by fine or imprisonment, even after I leave the SRMC volunteer position. Any unauthorized use of patient information by me may be grounds for immediate dismissal.

I understand that any violation of any of the above or any other misuse of patient information as it relates to my confidentiality concerning said patient could subject me to legal and /or other corrective action by the Volunteer Department of Sumner Regional Medical Center.

Volunteer Name (Printed)\_\_\_\_\_

Date\_\_\_\_\_

Volunteer Director\_\_\_\_\_