



Observer/Volunteer Confidentiality Agreement

Pediatric Possibilities has a legal and ethical responsibility to protect the privacy of all families and to protect the confidentiality of their health and personal information. Pediatric Possibilities must assure that its employees, volunteers, and observers keep protected health and personal information confidential and limit the sharing of information that is not immediately relevant to the child's care. It is the obligation of Pediatric Possibilities to uphold that right. For this reason, volunteers will not be allowed access to patient charts or any other confidential patient information.

Furthermore, employees of Pediatric Possibilities cannot release medical records or patient information without written consent of the parents and in accordance with Pediatric Possibilities policies, Federal rules and regulations, and the North Carolina State laws governing privacy and confidentiality.

All volunteers and employees can help to keep patient information private by turning over any documentation that contains client information, making sure charts are in the "to-be-filed" area if not in filing cabinet, and making sure computers are not left in open view with open documents or file names containing client information.

In addition, information regarding patients and their families should not be discussed in front of other families and individuals in the Pediatric Possibilities office or outside of the Pediatric Possibilities office, including names and other identifying information, or general information about a child's progress or a family's needs.

- I have read the above Pediatric Possibilities Confidentiality Statement and agree to abide by it.
- A Pediatric Possibilities therapist or staff member provided me with information regarding privacy and confidentiality policies for observers and volunteers.
- I understand that I will not be allowed access to patient records or any other confidential patient information.
- I understand and agree with my signature below that I will not disclose any specific information of a confidential nature gained during my association with Pediatric Possibilities.
- I have reviewed the Pediatric Possibilities Volunteer Guidelines and Policies and agree to abide by these guidelines and policies in my role as a Pediatric Possibilities Volunteer.

Volunteer First and Last Name (PRINT)

Volunteer Signature

Date