

***Caring Connections***

Telephone Reassurance Program (TRP)

Volunteer Confidentiality Agreement

Federal regulations require that all applications and information be treated as confidential. Information about the physical and mental health and social condition of a participant, the home phone number, address and marital status must be considered confidential. This information cannot be published in any way or conveyed to anyone outside *Caring Connections*  the Telephone Reassurance Program (TRP). It must be noted that anyone who intentionally violates this provision of the law can be prosecuted for misdemeanor conduct.

No information relative to the clients enrolled in *Caring Connections* shall be discussed or released by any volunteer, unless authorized by the Chief Executive Officer.

The volunteer will not use information obtained through *Caring Connections* for his or her own use. This includes not discussing clients or their families, except when it is clearly related to the *Caring Connections* service.

As you spend time with the participant, a bond of trust develops and many personal feelings and experiences may be discussed. There may be strong feelings towards family members or formal service providers, and you may be the only person available with whom the older adult is willing to share these feelings. Maintaining that bond of trust is important in continuing an effective relationship with your participant. However, as a volunteer, you do have the responsibility to alert and discuss with the Volunteer Coordinator any situation that may endanger the health, safety or welfare of the individual you serve.

Upon concluding my volunteer services with *Caring Connections*, I hereby agree to return/delete all *Caring Connections* client records or information that I have obtained in connection with my volunteer responsibilities with *Caring Connections.* Further, I agree to keep confidential all information contained in those records to which I had access during my tenure with ElderSource.

I have reviewed these policies and procedures, understand them, and agree to perform my volunteer responsibilities.

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Print Name

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Signature Date