



## **AGREEMENT OF CONFIDENTIALITY - VOLUNTEERS**

Bergen New Bridge Medical Center ("the Medical Center") has a legal and ethical responsibility to safeguard the privacy of all patients and protect the confidentiality of their health information. In my participation as a volunteer at the Medical Center, I may come into the possession of confidential patient and other information.

I understand such information must be maintained in the strictest of confidence both while I am a volunteer and after my participation in the Program is terminated or concluded. As a condition of my participation in the Program and assignment to the Medical Center, I hereby agree I will not, at any time during or after my assignment(s) with the Medical Center, disclose any patient or other confidential information whatsoever to anyone that does not have an appropriate work-related need to know.

When a patient's or other confidential information must be discussed with any healthcare practitioners during my assignment, I will use discretion to ensure such conversations cannot be overheard by others who are not involved in the patient's care.

I understand user ID/password assignment for access to any Medical Center computer system is unique to me and for my use only and in connection with authorized functions related to the Program. This code identifies me in the computer system. I am accountable for system access and entries performed with my personal security code. If issued a password, I agree not to release it to anyone else. I will not post, share, or otherwise distribute my password. I will contact the Information Systems Department immediately if I have reason to believe the confidentiality of my password has been broken. I will be required to create a new password.

By signing below, I acknowledge I have read the above and accept the responsibility associated with these statements. I understand that violation of this Agreement may cause immediate termination of my assignment with the Medical Center.

Volunteer Name (print): \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_

Date: \_\_\_\_\_