

This form is to be signed by volunteers before undertaking volunteer services for MDHSS

- While you are a volunteer of Mallacoota District Health and Support Service you will be privileged to information that must be kept confidential.
- It is your responsibility to read the MDHSS Policy *Maintaining privacy and confidentiality (P- C01)*.
- All details relating to clients and their families are to remain confidential. The names and personal details of the client are not to be discussed outside of the work environment or with personnel who are not connected with the care of the client.
- It is your responsibility to maintain the confidentiality of clients and MDHSS business at all times. Failure to do so constitutes a breach of this agreement.

I, \_\_\_\_\_ have read the above statements and agree to keep private and confidential all information relevant to clients, staff and MDHSS business.

Signature of volunteer \_\_\_\_\_

Date \_\_\_\_\_

Signature of witness \_\_\_\_\_

Date \_\_\_\_\_