



**CONFIDENTIALITY STATEMENT AND  
ACKNOWLEDGMENT  
VOLUNTEER**

As a volunteer for McPherson Hospital, confidential information may be available to me. Information that may be available to me can include a patient's protected health information, risk management, peer review, medical staff credentialing, quality assurance and hospital proprietary information. This information must be kept in strict confidence. This information must not be repeated or discussed with anyone outside of the direct care of the patient.

Any of the above information must not be disclosed to unauthorized sources within or outside of McPherson Hospital.

I further understand that McPherson Hospital has policies and procedures to assure compliance with regulations promulgated under the Health Insurance Portability and Accountability Act. I agree to abide by all such policies and procedures.

I understand that some penalties for breaches of confidentiality are subject to certain provisions of state and federal laws. I understand that violation of any breach of Hospital policies that is related to confidentiality will result in the immediate removal of my volunteer status at McPherson Hospital.

By signing this statement, I am stating that I have read and understand the confidentiality of information provisions contained in the Notice of Privacy Practices and agree to abide by same. I further agree to immediately report to the Privacy Officer any suspected or actual unauthorized use, disclosure, acquisition or access to protected health information or any loss of a mobile device (PDA, smart phone) that contains PHI.

I agree that I will not post or transmit any information related to the hospital, its medical staff, employees, workforce members, contractors, patients, patient families or other confidential information to any social networking site, website, blog, tweet or similar site or function.

This statement will remain on file in the office of the Director of Volunteer Services.

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**DATE**

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**SIGNATURE OF VOLUNTEER**