



## VOLUNTEER PLEDGE OF CONFIDENTIALITY

All patients and residents, staff and volunteers of St. Joseph's General Hospital and Comox Valley Hospital have a right to privacy regarding their health and personal matters, and all volunteers must respect these rights.

Therefore, I \_\_\_\_\_, understand that the physical conditions and personal affairs of patients and residents are strictly confidential and may not be discussed with or disclosed to anyone except in the line of my volunteer services.

I also agree that any other information of a confidential nature to which I may have access through my volunteering, including information about other volunteers, staff and St. Joseph's General Hospital and Comox Valley Hospital operations, will be treated as such.

This includes ensuring that confidential information is not discussed where it could be overheard by others who have no need to know.

I realize that any breach of this trust may lead to termination of my volunteer role at St. Joseph's General Hospital and Comox Valley Hospital.

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

Witness: \_\_\_\_\_