

Client Confidentiality Agreement

Patients and families involved with Presbyterian Support East Coast are accorded confidentiality. As a volunteer with this organisation I agree to respect and maintain this trust.

SignedDate.....

I agree to my name and phone number being used within Presbyterian Support.

VOLUNTEER:

Signature:

Name (please print)

Date _____

VOLUNTEER COORDINATOR

Signature

Name (please print)

Date: _____

Presbyterian Support East Coast Volunteer Agreement

Confidentiality

As a person providing a voluntary service you may be entrusted with confidential personal information from time to time. Under no circumstances are confidential matters to be discussed outside Presbyterian Support without the consent of the person(s) and staff concerned.

Code of Ethics

- ◆ I will respect each individual I will be working with, and will treat them with courtesy, care and consideration
- ◆ I acknowledge that I am responsible for the quality of and commitment to the tasks I undertake to perform
- ◆ I acknowledge that my primary objective is for the welfare of the individual or group that I may work with
- ◆ I will respect the privacy and dignity of the people I come into contact with, and will act accordingly
- ◆ I acknowledge and respect the Mission Statement of Presbyterian Support East Coast.
- ◆ I will maintain the confidentiality of all information regarding Presbyterian Support, staff or clients in my role as a volunteer