

SAINT JOSEPH'S MINISTRIES (SJM)

CONFIDENTIALITY STATEMENT

I am aware that while I am present in this facility, I may hear or handle sister/resident information that may be confidential or sensitive in nature. I am also aware that this information may only be used while performing functions in this facility and should never be discussed or released to other persons who are not authorized to have the information. I am aware that I will be held accountable for any breach of this facility policy, and may have my volunteer privileges revoked as a consequence of the breach.

Volunteer/Visitor Signature

Date

Printed Name

Witness Signature

Date