

**Northeast Senior Services, Inc.  
Volunteer Confidentiality Policy**

Given the nature of our work, it is imperative that we maintain the confidence of participants by protecting personal information that we receive in the course of volunteering. Northeast Senior Services, Inc. (NE Seniors) prohibits the release of any participant information to anyone outside the organization unless required for the purposes of providing services, referring a participant to a requested service, notifying the appropriate emergency personnel in the case of an emergency, notifying the appropriate protective services in the case of abuse or neglect, or responding to lawful requests for information from government entities. Internally, discussions of participant information will be limited to only essential information needed to provide appropriate services to a participant, to compile reports on services, and the information needed to conduct internal quality assurance activities.

I understand that, as a volunteer, I must respect the privacy of NE Seniors participants. I understand that I may be provided with information which allows me to provide a specific volunteer service, such as the participant's address, phone number and doctor's office address. However, I understand that many participants would prefer that this and any additional information regarding their personal lives not be shared with others. Examples of personal information that may become known to me, but which must be kept confidential include: the living situation of the participant, medical conditions (including whether or not a participant is driven to a medical appointment), family issues and financial issues. This list is not inclusive. Many times these issues come up either in the type of destination to which a participant is being driven or in general conversation. I understand that NE Seniors requires me and all other volunteers to keep each participant's information confidential, not only during my time as a volunteer, but also after I have completed my work as a volunteer with NE Seniors.

I agree to not disclose any information about any participant to any person, except in the limited circumstances described above. I further agree that if at any time, knowingly or inadvertently, I breach this agreement and disclose confidential information of a participant, I will notify the Executive Director immediately.

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

Printed Name: \_\_\_\_\_