

**ORCHARD PLACE
VOLUNTEER CONFIDENTIALITY STATEMENT**

I agree that I shall hold in confidence all information regarding clients of Orchard Place. I agree that I shall not disclose or take any action which may lead to the disclosure of any protected health information and other proprietary and confidential information regarding Orchard Place's clients whether verbal, written, or in any other form, to any person or entity, nor use such information for my own benefit.

If, in the performance of volunteer duties, I recognize a child/youth receiving services from Orchard Place, I will not disclose their name or other identifying information to others.

I will not remove from the office any written client records or copies thereof. Any written records I may be responsible for producing shall be and remain part of the program files. **I will not take pictures or video of clients in any circumstances, nor will I post any identifying information on facebook or other social media. I will not accept video calls that could expose clients during my volunteer duties.**

I accept full responsibility for maintaining the confidential and private nature of all client records and information. I further understand that I can discuss the client cases assigned to me only with Orchard Place.

I understand that I am personally responsible and fully liable for any violation of this agreement. Furthermore, I understand that breach of this agreement could result in the immediate termination of my volunteer position at Orchard Place.

Volunteer Name (Please Print)

Volunteer Signature

Date

Email

Company/Organization

Address

City/State/Zip

* Parent/adult Name (*in case of minor)

* Signature of parent/adult