

Confidentiality and Nondisclosure Agreement for Volunteers

Name: _____ Position: _____

I understand that in my volunteer role with Providence Health & Services and its affiliated organizations (collectively referred to as "Providence"), I may have access to information not generally available or known to the public. I understand that such information is confidential information that belongs to Providence. Confidential data/information includes any information about patients, students, residents, or business operations that Providence deems should not be available without specific authorization, whether oral or recorded in any form or medium. Confidential data/information also includes caregiver information that a caregiver does not wish to share, Protected Health Information (PHI), electronic PHI, Personally Identifiable Information including Social Security numbers, card holder data (PCI), and financial information. I understand that information developed by me, alone or with others, may also be considered confidential information belonging to Providence in accordance with Providence policies and procedures. However, nothing in this agreement restricts a caregiver's or, if applicable, other individual's, right to disclose wages, hours, and working conditions in accordance with Federal and State Laws.

I understand that loss or inappropriate access to this kind of information could harm patients and Providence's ability to do business. I will hold confidential, data/information I see or hear in strict confidence and will not disclose, use or access confidential information except as authorized by Providence, for Providence's benefit. I will only provide confidential data/information to Providence caregivers or workforce members to enable them to perform a legitimate job responsibility, and will advise them of the confidential nature of the information. I understand that confidential data/information must be stored securely at all times as defined in Providence policy.

I understand that email is not a secure, confidential method of communication. I will never send Providence confidential data/confidential information to a personal email account or store it on my personally owned computer or mobile device. And when sending messages that include confidential data/confidential patient information to a non-providence.org email address as part of my job functions, I must type "provsecure" in the subject line to encrypt the contents of the email. I understand that texting and other messaging are not secure methods to transmit confidential data/information and agree not to use these types of communication methods to transmit such information. While relatively few volunteers may be on line or have access to patient information, confidential information is defined broadly and we want them to affirmatively acknowledge they understand these technologies are not secure and that they won't transmit confidential information using them.

I understand it is my responsibility to become familiar with and abide by applicable laws, regulations, and Providence policies and protocols regarding the confidentiality and security of confidential data/information.

I understand that this Confidentiality and Nondisclosure Agreement does not limit my right to use my own general knowledge and experience, whether or not gained through my volunteer role with Providence, or my right to use information that becomes generally known to the public through no fault of my own.

I understand that if I breach the terms of this Confidentiality and Nondisclosure Statement, Providence may take action up to and including severing my volunteer role with Providence.

Volunteer Signature: _____ Date: _____

Note: The signature field above requires a handwritten signature. After the form is populated, please print and sign manually as needed. The use of electronic signatures is currently under review by Information Security and may replace manual signatures in the near future.