



## **VOLUNTEER SERVICES DECLARATION OF CONFIDENTIALITY**

I understand and agree that in the performance of my duties as a volunteer of the Heartland Health Region, I will respect all information on patients/clients/residents, medical staff, employees and operations of the Heartland Health Region as confidential.

I will not disclose to any person any information which may come into my possession through my volunteer assignments.  
If I have problems with my commitment, I will look first to the agency for support and resolution.

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**Signed**

**Date**