



**VIRGINIA COMMUNITY
RESPONSE NETWORK**

VOLUNTEER CONFIDENTIALITY AGREEMENT

I, _____, understand that in the performance of my duties as a board member or Volunteer for Virginia Community Response Network I may have access to privileged information about service recipients, including medical, insurance and other confidential/personal data.

I will restrict my use of such information to the performance of my duties. I hereby acknowledge my obligation to respect the privacy and the confidentiality of the information pertaining to service recipients and to exercise good faith and integrity in all dealings with service recipients and their personal information.

I understand that any unauthorized use or disclosure of information pertaining to a service recipient may result in immediate dismissal from VCRN.

Volunteer Clinician's Signature and Credentials

Date