

VOLUNTEER CONFIDENTIALITY AGREEMENT

INTRODUCTION

The reasons for this agreement is that volunteers will have access to information about medications dispensed to residents who may be known to them

APPLICABILITY

This agreement applies to all volunteers responsible for collecting and delivering routine medicines for patients who are self-isolating.

POLICY

- Volunteers must not under any circumstances disclose patient information to anyone unless the patient has provided written consent.
- All information about patients is confidential, including medication requirements
- Volunteers should limit any discussion about medication only to those who need to know within the Practice or Community Pharmacy
- All patients can expect that their personal information will not be disclosed without their permission.
- Volunteers remain bound by the requirement to keep information confidential even if they are no longer acting as a volunteer.

RESPONSIBILITIES OF VOLUNTEERS

Standards of confidentiality apply to all health professionals, administrative and ancillary staff and volunteers. They must not reveal, to anybody outside the practice or community pharmacy, personal information they learn in the course of their volunteering, or due to their presence in the surgery or pharmacy, without the patient's consent.

DECLARATION

I understand that all medicines information is strictly confidential.

Name: _____

Signature: _____

Date: _____