



**STATEMENT AND AGREEMENT OF
CONFIDENTIALITY**

I understand and agree that in the performance of my duties as a volunteer at Susque-View Home, Inc. I must hold all medical, administrative and personnel information in confidence.

I further affirm my commitment to protect the confidentiality of health information. Susque-View Home Inc. has a legal and ethical responsibility to safeguard the privacy of all residents and to protect the confidentiality of their health information. I understand that such information must be maintained in the strictest confidence. As a condition of my assignment, I hereby agree that, unless directed by my supervisor, I will not at any time during or after my assignment at Susque-View Home disclose any patient information to any person whatsoever or permit any person whatsoever to examine or make copies of any patient reports or other documents prepared by me, coming into my possession, or under my control or use patient information, other than as necessary in the course of my assignment.

When patient information must be discussed with other health care practitioners in the course of my assignment, I will use discretion to ensure that others who are not involved in the residents' care cannot overhear such conversations.

I understand that any violation of this statement and agreement of confidentiality may result in corrective action, dismissal and possible criminal or civil prosecution as permitted by law.

Signature

Date

Volunteer Coordinator

Date



Volunteer Application

Community Volunteer LHU Student Senior Project

Personal Information

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Emergency Contact

Name: _____

Relationship: _____ Phone Number: _____

College Students Only: What is your major? _____

Interests/Hobbies:

Best days/times to volunteer:

Signature: _____ Date: _____



ATTESTATION OF 2 YEARS
OF CONTINUOUS PENNSYLVANIA RESIDENCY

My signature below indicates that I have been a continuous Resident of Pennsylvania for the past two (2) years.

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

AUTHORIZATION TO CONDUCT
CRIMINAL HISTORY RECORD CHECK

I, _____, hereby authorize Susque-View Home, Inc. to conduct a Criminal History Record Check with the Pennsylvania State Police and/or the Federal Bureau of Investigation.

My Social Security Number is: _____

My Date of Birth is: _____

Applicant's Signature

Date