



**Lehigh Valley Health Network
Acknowledgment of Confidentiality
(for Volunteers)**

IMPORTANT: Please read all sections below. If you have any questions regarding this acknowledgment, please ask the person reviewing this with you to answer those questions before you sign this. You will receive a copy of this acknowledgment for your own records.

I understand that as a volunteer of the Lehigh Valley Health Network (along with its components and subsidiaries), the performance of my activities may require me to access or become aware of the following confidential information:

- Patient health care and financial information
- Employee personnel, compensation and health care information
- Physician and Allied Health Professional performance and personnel information
- Business information relating to Lehigh Valley Health Network

I understand that approval to access to and use of this information in verbal, written, or electronic (stored in a computer) form is a privilege. I also understand that access to information is granted to me based on business or clinical “need to know” standards and the responsibilities of my being a volunteer.

I understand that I may not seek information that is not required to do my volunteer activities. I also understand that I may share information only when necessary to perform these activities. I agree to store and dispose of information which I use in a way that ensures continued security and confidentiality.

I understand that the methods I use to get information may only be used in the performance of my volunteer activities. If I require special authorization to access computer-based information, I understand that my computer sign-on information may only be used by me. **I also understand that I may not give my sign-on information to anyone, and that this information is the same as my written signature. I accept full responsibility for any use of my sign-on information.**

I understand that Lehigh Valley Health Network has a Corporate Compliance Program and that I have been provided education regarding the program. I also understand that I have a role in preserving Lehigh Valley Health Network’s corporate integrity and thus have an obligation to report potential compliance issues. I was informed of the Compliance Hotline number, 1-877-895-2905.

I declare that I have read and understand this acknowledgment. I have had an opportunity to ask questions and have them answered. I recognize that giving confidential information at any time during or after my time of volunteering or affiliation with Lehigh Valley Health Network may cause irreparable damage to Lehigh Valley Health Network, the patient or the health care provider. Accordingly, Lehigh Valley Health Network or the owner of such information may seek legal remedies against me, such as fines, criminal penalties, and termination of my participation as a volunteer.

Name (Please Print)

Signature

Date

I presented the material to the above signed person as per the guidelines in the Confidentiality Policy. I have given the above signed person the opportunity to ask, and have answered all questions.

Signature/Title

Date