



VOLUNTEER CONFIDENTIALITY AGREEMENT

I understand that the City of San Rafael and its officers, employees, agents and volunteers have legal and ethical responsibilities to maintain the privacy and confidentiality of certain individual information, including but not limited to protected health information and other personal information protected by city, state or federal law (hereafter “confidential information”). I understand that, in the course of my volunteer duties with the City of San Rafael, I may become aware of or be given access to such confidential information and I have been made aware of the need for strict confidentiality about any such confidential information I may obtain in my position as a volunteer for the City of San Rafael.

By signing this Agreement, I acknowledge and agree as follows:

1. I shall not discuss, use or disclose, orally, in writing, electronically, or otherwise, any confidential information, including but not limited to protected health information, social security numbers, telephone numbers, or street/e-mail addresses, that I obtain about any person except as required for performance of my job. I shall not discuss or reveal any such confidential information in an area where unauthorized persons may hear or see such information, even if specifics, such as an individual’s name, are not used. I understand that my duty to maintain such confidentiality continues even after I am no longer working as a volunteer for the City of San Rafael.
2. I shall not access or view any confidential information other than that required to do my job. If I have any question about whether access to certain confidential information is required for me to do my job, I shall immediately consult with my supervisor.
3. I shall maintain and safeguard the confidentiality of any personal access codes, user identifications, access keys and/or passwords used to access City computer systems or other City equipment or resources. Should I discover that the confidentiality of any of the foregoing has been compromised, I will immediately notify my supervisor.
4. I shall not make inquiries about any confidential information for any person or party, including, but not limited to any family member, friend, City employee, or other third party, who does not have proper authorization to access or receive such confidential information.

I understand that violation of this confidentiality Agreement may result in my dismissal, and may subject me to civil and criminal penalties under state and federal law.

Signature of Volunteer _____ Date Signed _____

Printed Name of Volunteer _____