Example Patient and Family Advisory Council Confidentiality Agreement

As a volunteer working with Administration & Staff of [insert practice name], I agree to hold absolutely confidential all information I may hear directly or indirectly concerning the practice, patients, physicians, other professional staff, employees and other volunteers. I will not seek out confidential information in regards to the same.

Since confidentiality is crucial to the operation of [insert practice name] and because the practice has a legal obligation to protect such information, I understand that it is required that volunteers with access to this type of information preserve it in a restricted and confidential nature.

Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

Example materials provided courtesy of First Street Family Health in Salida, CO.

Source: AMA. *Practice transformation series: forming a Patient and Family Advisory Council*. 2016.