



Statement of Confidentiality

As a volunteer I understand that I may be privileged to information concerning clients, their families and the operations of Momiji Health Care Society and Momiji Seniors Residence.

- I understand that this information is private and confidential.
- I will do everything I can do to keep information secure.
- I will seek clarification from my supervisors before distributing information, even internally
- I will follow MHCS's privacy policy when allowing access to confidential information
- I will collect, use, store, handle, update and destroy all data and information, in line with applicable policies and procedures.
- I will not disclose information about MHCS or MSR that is not already in the public domain without the proper authority to do so
- I understand that these guidelines include not disclosing this information to my friends or family members.
- During the course of my practicum with Momiji, I waive any rights, title or interest in the work I produce which is intellectual property of Momiji.

I have read, understood and agree to the above statements with regards to confidentiality. I also understand that any breach of the above policies can result in my immediate dismissal.

Name of *Volunteer (Please Print)*

Volunteer Signature

Date

Witness Name and Signature