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A Matter of Balance Program
Pledge of Confidentiality

I understand, as a volunteer for A Matter of Balance with XXXXX, I must maintain strict confidentiality with participant information. I agree to abide by the organization's Release of Information Policy. I agree never to disclose or discuss participant information with anyone not involved in the program without appropriate permission unless required to do so by law. I understand that a breach of confidentiality will be interpreted as misconduct that may prevent my continuing relationship with XXXX.

I certify that I have read the above statement of confidentiality, that I understand its provisions, and that I will abide by it.

Volunteer Name: _____
(Print)

Volunteer Signature: _____

Date: _____