



CONFIDENTIALITY AGREEMENT

In accordance with Calvert Hospice policy, I agree to hold confidential all information about Hospice patients, families, clients or co-workers that I may learn or have access to in connection with my employment, participation on the Interdisciplinary Team, training, or service in any area as a Hospice employee, volunteer, student, subcontractor or other role. I understand that this policy applies to all past and current patients, family members, and Bereavement clients served by Calvert Hospice.

I understand that keeping this information confidential means that, except in the context of providing care to a patient, family member or client, I will not disclose or discuss any information about patients, family members, Hospice clients or co-workers without the written authorization of the patient (or authorized legal representative), client (or guardian), or family member of a deceased patient.

I agree that I will refrain from casual conversations about patients and families, being mindful at all times of the need to maintain confidentiality.

I understand that if I violate this agreement I may be subject to disciplinary action.

Name (printed)_____

Signature_____Date_____