

American Parkinson Disease Association
Mississippi Chapter

VOLUNTEER CONFIDENTIALITY INFORMATION AGREEMENT

PURPOSE

As the American Parkinson Disease Association Mississippi Chapter is a service organization dedicated to helping persons with Parkinson's disease and related illnesses, as well as their families, we are in possession of a great deal of personal information about those with whom we come in contact in the normal course of our operations. This document has been developed to help ensure that any confidential information remains confidential.

SCOPE

This document is an agreement not to disclose to others or take or use for one's own purposes, during or after tenure as a volunteer of the association, any confidential information, knowledge, data or know-how in the association's possession.

This includes, but is not limited to, client medical and non-medical information, financial information, client lists, fund-raising information, employee and volunteer information and all creative concepts reasonably related to the business of the association that have not previously been publicly released by duly authorized representatives of the association. In addition, it includes any information obtained regarding donors, sponsors and other individuals who interact with the association.

A good rule of thumb on confidentiality is: Any information you acquire because of your status as a volunteer is not to be discussed with anyone outside the American Parkinson Disease Association of Mississippi

I, _____ (please print name), a volunteer of the American Parkinson Disease Association Mississippi Chapter, have read the above statement and agree to comply fully therewith.

Date: _____

Volunteer Signature: _____