CONSENT AND CONFIDENTIALITY AGREEMENT

I understand that I have elected to participate in an Aultman Program (the "Program") within Aultman Health Foundation ("Aultman"). I understand that, in participating in the Program, I will be exposed to the normal risks of any hospital visitor, as well as possible additional risks that arise because I may be in a patient care areas and observing patient care.

I understand the following definitions:

Confidential means that something is to be kept private or secret, that it is not to be repeated to anyone or given to anyone.

Confidential Information means any and all information that I may learn about a patient at Aultman. This information is automatically private or secret. Confidential Information about a patient includes: name, address, diagnosis, medical information, medical notes, employee information, pictures, and medical records including x-rays and medications, as well as any description that could cause any person to become aware of the identity of a patient. Confidential Information also includes the name of any person at Aultman who is not an Aultman employee or volunteer, because all patients are not easily identifiable by where they are in Aultman or by how they are dressed.

Disclosure means sharing or telling someone something I know about someone that is private or confidential.

Nondisclosure means not sharing or telling someone something. It means not to write, speak, or gossip about any patient I see or talk to at Aultman.

Any participant who discloses confidential information inappropriately will be removed from the Program. Violating patient confidentiality could result in potential legal action.

Consent for Participation in an Aultman Program and Confidentiality Agreement

I understand that while I am at Aultman, I may obtain Confidential Information about Aultman's patients. I understand that I am to maintain in strict confidence all information and data relating to Aultman's patients, and shall not disclose such information to any third party, including any family member or friend, under any circumstances. Additionally, Confidential Information is not to be removed from Aultman or discussed with other participants in the same Program. I understand that patient confidentiality is of such great importance that it is never to be disclosed to anyone outside of Aultman at any time after participation in the Program.

By signing this form I agree that I have read, understand, and agree to the terms of this Consent Form and Confidentiality Agreement.

Volunteer:

Print Name: _____

Signature: _____ Date: _____

Parent/Guardian:

Print Name: _____

Signature: _____ Date: _____