



Starlight Children's Foundation- WA State

Confidentiality and Security Agreement

Starlight Children's Foundation of Washington State (Starlight) maintains client and donor records and information in a confidential manner. Systems for security of client and donor information have been developed and are important part of protecting client and donor confidentiality.

In the course of your volunteer activities with Starlight, you may have access to program participant and donor lists compiled by Starlight, as well as proprietary information and data. Program participants and patient information is confidential regardless of the source or form, including paper, computer and speech.

As a Starlight volunteer, I:

- **May see or hear confidential information about patients and their families, such as medical records, finances, billing accounts, claims data and conversations.**
- **Will be granted access only to patient information I need to do my volunteer assignment.**
- **Am authorized to access only the patient information I need to do my volunteer assignment.**
- **May only access the records of my family or friends if I have the legal right to do so and only if I go through proper channels.**

As a Starlight volunteer, I will not:

- **Look at, talk about, show, change, delete, destroy, copy, give, sell or throw away any confidential information unless it is my volunteer assignment to do so.**
- **Discuss confidential information in public or private places such as elevators, hallways, open work areas, restaurants and at home.**
- **Use my volunteer privilege to view information about myself, my children, family, friends or co-workers.**
- **Reveal confidential information even when I am no longer part of Starlight.**

I understand that failure to comply with this agreement may result in the loss of my volunteer privileges and /or civil and criminal penalties, including fines and imprisonment as prescribed by state and federal laws. By signing this agreement, I acknowledge that I have read, understand, and will comply with it.

Signature: _____

Print Full Name: _____

Date: _____