

Access, Confidentiality and Adult Hold Harmless Indemnity Agreement

(Volunteer)

As a volunteer with privileges at the **National Association of Catholic Chaplains**, you may have access to what this agreement refers to as “confidential information.” The purpose of this agreement is to help you understand your duty regarding confidential information.

Confidential information includes patient/member information, employee/volunteer/student information, financial information, and other information relating to the **National Association of Catholic Chaplains** and information proprietary to other companies or persons. You may learn of or have access to some or all of this confidential information through written materials and the interview process.

Confidential information is valuable and sensitive and is protected by law and by strict **National Association of Catholic Chaplains’** policies. The intent of these laws and policies is to assure that confidential information will remain confidential – that is, that it will be used only as necessary to accomplish the organization’s mission. As a volunteer, you are required to conduct yourself in strict conformance to applicable laws and **National Association of Catholic Chaplains’** policies governing confidential information. Your principal obligations in this area are explained below. You are required to read and to abide by these duties.

As a volunteer, you understand that you will have access to confidential information that may include, but is not limited to, information relating to:

- **National Association of Catholic Chaplains’** information (such as financial and statistical records, strategic plans, internal reports, memos, contracts, peer review information, communications, proprietary computer programs, source codes, proprietary technology, etc.)
- Employee/volunteer/student information (such as salaries, employment records, disciplinary actions, etc.)
- Member/patient information (such as records, conversations, admittance information, member/patient financial information, etc.)

Accordingly, as a condition of and in consideration of your access to confidential information, you promise that:

1. You will use confidential information only as needed to perform your legitimate duties as a volunteer affiliated with the **National Association of Catholic Chaplains**. This means, among other things, that:
 - A. You will only access confidential information for which you have a need to know; and
 - B. You will not in any way divulge, copy, release, sell, loan, review, alter or destroy any confidential information except as properly authorized within the scope of your professional activities affiliated with the **National Association of Catholic Chaplains**; and

- C. You will not misuse confidential information or carelessly care for confidential information.
2. You will report activities by any individual or entity that you suspect may compromise the confidentiality of confidential information. Reports made in good faith about suspect activities will be held in confidence to the extent permitted by law, including the name of the individual reporting the activities.
 3. You will be responsible for your misuse or wrongful disclosure of confidential information.

The **volunteer named below** agrees to defend, protect, indemnify and hold harmless the **National Association of Catholic Chaplains** against and from all claims arising from the negligence from the **below named volunteer** which arise out of the **below named volunteer's** activities when acting as a volunteer on behalf of the **National Association of Catholic Chaplains**.

Additionally, the below named volunteer agrees to protect, defend, hold harmless and fully indemnify the **National Association of Catholic Chaplains** for any claim or cause of action whatsoever arising out of the **below mentioned volunteer's** activity which takes place while volunteering on the behalf of the **National Association of Catholic Chaplains** that is brought against the **National Association of Catholic Chaplains** by the **volunteer named below** or their family employees or agents or the volunteer's negligence. If any portion of this agreement is held invalid, it is agreed that the balance thereof, shall continue in full legal force and effect.

ACCESS, CONFIDENTIALITY AND ADULT VOLUNTEER HOLD HARMLESS INDEMNITY AGREEMENT

- Date*

MM slash DD slash YYYY

- Name*

First

Last

Please type your name. By entering your name and today's date you are signing this Agreement.