CORNERSTONES OF CARE

CORPORATE GROUP VOLUNTEER SIGN IN & CONFIDENTIALITY STATEMENT

Pursuant to HIPAA medical privacy regulations, the importance of confidentiality regarding all information pertaining to Cornerstones of Care is essential. Information regarding clients, employees, finances, and all other personal or proprietary information may not be shared with unauthorized individuals. The confidentiality of client information is protected by the State and Federal laws, and as a volunteer or visitor, you assume an obligation to maintain confidentiality even after you leave. No one is permitted to take photos of clients or share any identifying information related to clients or their services. No one is permitted to remove or make copies of any records, reports or documents without prior management approval. The safety and success of the children and families at Cornerstones of Care are our priority. Thanks in advance for your cooperation in this matter, and we appreciate your time and efforts here!

First and Last Name (please print)	Address/City/State/Zip	Email/Phone	I agree to above confidentiality and HIPAA policy. (please sign)

Volunteer Corporation: _____ **Date:** _____ **Hours:** _____ **Volunteer Staff Contact:** _____

Volunteer Category: Facility Campus Companion Garden (Farm) Administration Therapy Special Events **Volunteer Type:** Group

Location: Gillis Day TX Gillis Residential Ozanam Day TX Ozanam Residential Hyde Park Spofford- Community Based