



## Security and Confidentiality Agreement for Volunteers

*As a volunteer for Stepworks, and as a condition to my service, I agree to the following:*

I understand that during my volunteer service at Stepworks, I may be privy to information considered to be confidential to Stepworks and/or the patients served.

I understand that I am enlisted as a volunteer and should not engage in clinical conversations or give advice to patients of Stepworks.

I will treat all information received in the course of my service with Stepworks as confidential and privileged information, and I agree to maintain the confidentiality of any and all information, even after my service with Stepworks has concluded.

I have been advised of conduct and behaviors that will result in disciplinary action or discharge from service.

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*Volunteer Signature*

*Date*