

# SGSHHS VOLUNTEER DEPARTMENT

## PROTECTION OF PRIVILEGED AND CONFIDENTIAL INFORMATION

I am aware that in the course of being a Volunteer I may have access to privileged and confidential information in respect of patients, staff or hospital matters. I agree as a condition of being a Volunteer that I will not divulge any information concerning patients, staff or hospital matters to anyone other than authorised personnel of Sutherland or St George hospitals since to do so may involve me in legal proceedings.

Please note: under no circumstance is a patient list to be taken outside the hospital.

Volunteer's name: \_\_\_\_\_

Volunteer's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Manager: \_\_\_\_\_

Date: \_\_\_\_\_