



CONFIDENTIALITY AGREEMENT

As a volunteer of Redeeming Love Ministries, Inc., I agree to keep all client information completely confidential. It is my responsibility to ensure that patient's medical information is protected under the guidelines set forth by the organization. I will not discuss, share or disclose any information regarding individual client care unless authorized in writing. It has been expressed to me that Redeeming Love Ministries, Inc. requires written authorization from the patient in order to release their information for their continued care.

Date: _____

Volunteer Name: _____

Volunteer Signature: _____

RLM Representative Signature: _____