



*Kaleidoscope of Caring*  
*Helping Grieving Children & Families*

3608 Kavanaugh Blvd  
Little Rock, AR 72205  
501-975-6666

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## **Volunteer Confidentiality Agreement**

I understand that as a volunteer, I may have access to confidential participant information or confidential information about the family of the participant.

I understand that any information that I learn about a participant is confidential and that information about a participant can not be disclosed to anyone. I understand the law provides for the possible civil and criminal penalties for disclosure of confidential participant information.

This includes information I receive whether obtained either verbally or written by:

- Direct contact with participants and families
- Any information from the Kaleidoscope Grief Camp or Camp Healing Hearts team
- Participant or family records

Any of this information is to be held in strict confidence in order to protect the rights of all participants and families.

### **I agree that I will not:**

- Reveal to anyone the name or identity of a participant.
- Repeat to anyone any statements or communications made by or about the participant.
- Reveal to anyone any information that I learn about the participant as a result of discussions with others providing support to the participant.
- Write or publish any articles, papers, stories or other written materials which will contain the names of any participant or information from which the names or identities of any participant can be discerned. If a paper is written about my volunteer work here, I agree that I will submit it to the Kaleidoscope of Caring director for approval.

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I hereby agree by signing below that I have read this document, fully understand its meaning and promise to adhere to the confidentiality agreement described above.

\_\_\_\_\_  
**Volunteer Signature**

\_\_\_\_\_  
**Date**

**Printed Name:** \_\_\_\_\_