



Weber Morgan Medical Reserve Corps (MRC)
477 23rd Street
Ogden, Utah 84401
801-399-7100 or 801-399-7128

WMMRC POLICIES: VOLUNTEER CONFIDENTIALITY/CODE OF ETHICS

I understand that Weber-Morgan Health Department (WMHD), including its employees/volunteers/assignees/affiliates, has a legal and ethical responsibility to maintain the privacy and confidentiality of individual information, protected health information, or information related to or held by Weber-Morgan Health Department, including obligations to protect and safeguard the confidentiality and privacy of such information.

By signing this document, I understand and I agree that:

I shall maintain and safeguard the confidentiality of any personal access code(s), user identification(s), access key(s) and/or password(s) used to access computer systems or other equipment. Should I discover that the confidentiality of my access code(s), used identification(s), access key(s), and/or password(s) has been compromised, I will immediately notify the Medical Reserve Corps Coordinator.

I shall not access or view any information other than what is required to do my job. If I have question about whether access to certain information is required for me to do my job, I shall immediately consult the Weber-Morgan Medical Reserve Corps Coordinator.

I shall not use or disclose, orally, in writing, electronically or otherwise, any personal information including social security numbers, telephone numbers, street/e-mail addresses, etc. or information related to or held by Weber-Morgan Medical Reserve Corps.

I shall not leave any information held by Weber-Morgan Medical Reserve Corps or WMHD insecure. Any time a workstation is left unattended; all documents should be inaccessible by others, e.g. computer systems logged off.

I shall not discuss or reveal any personal information or information related to or held by Weber-Morgan MRC or WMHD in an area where unauthorized individuals may hear or see such information, even if specifics, such as an individual's name, are not used. I understand that possible areas to keep in mind include, but are not limited to, hallways, elevators, cafeteria, public transportation, restaurants, and social events.

I shall not make inquiries about any information for any person or party, including, but not limited to, any family member, a friend, a third party, an employee or associate of WMHD, who does not have proper authorization to access such information.

I shall immediately return all property, including, but not limited to, keys, documents, and ID badges to Weber-Morgan Health Department upon termination (with or without cause) of my volunteer assignment/affiliation with Weber-Morgan Medical Reserve Corps.

Please sign and return this document



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Any violation by me of this Agreement may result in disciplinary action, up to and including termination of any volunteer assignment/affiliation with Weber-Morgan MRC and/or suspension, restriction or loss of privileges, in accordance with Weber-Morgan MRC policies, as well as potential personal civil and criminal legal liabilities.

Any individual information or information and records related to or held by WMHD or WM MRC that I access or view at does not belong to me.

By my signature below, I acknowledge that I have read and understand this Agreement in its entirety and I agree to comply with all of the above stated terms as a condition of my volunteer status.

Signature of Volunteer

Date

Printed Name of Volunteer