



## CONFIDENTIALITY AFFIRMATION

I hereby affirm that my position as an employee or volunteer with the Prince George Hospice Society is of a strict confidential nature. I agree that any knowledge gained as a result of my position or my presence within the Hospice Society is, and will remain, confidential. I will exercise care and diligence that the information provided to others is only the information they are entitled to. I will adhere to the Privacy Policies established by the Society in accordance with the Personal Information Protection Act (PIPA) and Freedom of Information and Protection of Privacy Act (FOIPPA).

I have read, and agree with, the above Affirmation of Confidentiality and I will abide with same.

\_\_\_\_\_  
Volunteer (please print)

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

\_\_\_\_\_  
Witness (please print)

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date