



Confidentiality Agreement

As a volunteer prayer intercessor for ComfortCare Women's Health, I understand how vital confidentiality is to the continuation of our ministry. As I serve in my role I may have access to confidential information regarding patients or other privileged information.

- ◆ I will reveal neither names nor details to anyone outside the ComfortCare Women's Health.
- ◆ I will also respect the spirit of confidentiality and will not discuss confidential information within the Clinic inappropriately or indiscriminately in a gossiping manner.
- ◆ I will keep all patient information in the strictest of confidence.

Your signature

Date