

STATEMENT OF COMPLIANCE WITH CONFIDENTIALITY

I, _____, state that I understand that in the process of carrying out my position with Pine County Health & Human Services as a volunteer driver that I will be working with sensitive and confidential material. I have an obligation under state law to not disclose any information about the people I transport, even their name.

I will only disclose data to other authorized persons.

I agree that I will not divulge, discuss, disclose, share or reveal any information that I may have regarding my transportation clients.

I understand that I could be prosecuted for breach of confidentiality pursuant to Minnesota Statutes Chapter 13 (Gov. Data Practices Act) should I disclose any confidential matter seen or heard in the process of carrying out my services as a volunteer driver.

Signed

Date