# RESTOR International Inc. "Schedule A"

# Mission Volunteer Confidentiality Agreement

I, _____ of _____
               (name)                                            (address)

in the Province of British Columbia, agree that my service with RESTOR INTERNATIONAL INC. (RESTOR) shall be strictly on the following terms and conditions:

1. Patient Privacy if of utmost importance. I acknowledge that the board has advised that all information and documents that I may have knowledge of or access to through my volunteer work with the organization are strictly confidential.

2. I undertake and agree at all times to treat as confidential all information acquired through my volunteer work on a medical Mission and not to disclose same except as authorized by law.

3. I understand that this agreement pertains to patient confidentiality and undertaking includes:

    a. Never discussing the personality of a patient or any details thereof with anyone other than a member of the Mission directly concerned;

    b. Avoiding the use of names of patients in conversations with other patients, or their families;

    c. Ensuring that disclosures of information are made only to persons entitled to that information;

    d. Ensuring that conversations relating to patients or other Mission volunteers are not conducted where conversations may be heard by others; and

    e. Ensuring the confidential or personal matters concerning members of the mission team are not divulged or discussed unnecessarily with other Mission team members.

4. I understand that compliance with the confidentiality requirements of the organization is a condition of my involvement and that failure to comply may result in termination of my duties with RESTOR INTERNATIONAL INC.

5. I agree to be bound by the provisions of this Agreement and will extend beyond the time frame of my volunteer service.

6. I have been advised that I have the right to seek independent legal advice prior to signing this agreement.

SIGNED at _____, British Columbia, this _____ day of

_____, 20\_\_\_\_.

| | |
|---|---|
| Name of volunteer | Signature |

| | |
|---|---|
| Name of Witness | Signature |