

## Confidentiality Acknowledgment

Checkmate Community team members and volunteers may encounter private resident information during a facility visit. This acknowledgment confirms your commitment to protect that information, in line with HIPAA principles and facility policy.

### Person Signing

**Full Name:** \_\_\_\_\_

**Role (team member / volunteer / guest):** \_\_\_\_\_

**Facility or Event Date:** \_\_\_\_\_

### Confidentiality Commitments

I will not share any resident's name, image, health status, or personal info outside our team:  Yes  No

I will not discuss residents with other residents, families, or the public:  Yes  No

I will not photograph residents without signed photo permission:  Yes  No

I will not bring unauthorized persons into the facility:  Yes  No

I understand violations may result in permanent removal from our program:  Yes  No

I will report any breach I witness to the team lead immediately:  Yes  No

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

Return completed form to: [info@checkmatecommunitytx.org](mailto:info@checkmatecommunitytx.org) | or hand to our on-site lead at your next visit.