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PARISH NURSE PROGRAM

Please fill out information for the Parish Nurse Program

Nursing License # _____ Exp Date _____ (please provide copy)

Do you have active malpractice insurance? Yes ___ No ___ (please provide copy)

Primary background in nursing: _____

Confidentiality Statement for Parish Nurse Program

As a Parish Nurse volunteer for Graceworks Ministries, Inc:

Confidentiality, or the right to privacy, is the right of every client, particularly in the arena of personal health information. The registered nurse volunteering in the capacity of a Parish Nurse is aware of that right and acknowledges that right. The Parish Nurse also respects that right in the context of working with individuals and groups in a particular faith community. As a Parish Nurse, I agree with and will act according to the points listed below:

- Medical information shared with a client will be kept in strict confidence, and will be shared only with that person's prior written permission.
- Health information will only be discussed with the client, unless permission is given by that individual (or their legal proxy) to discuss that information with others.
- Confidential health information may not be discussed with family or friends of the parish nurse.
- Confidential health information shared between referred agencies must follow HIPPA protocol.
- Breach of confidentiality will result in termination of volunteer services for the Parish Nurse Program.

I have been given a copy of this statement. After reading it carefully, I understand its contents and expectations.

Signature _____ Date _____

Witness _____ Date _____