

CLIENT CONFIDENTIALITY AGREEMENT

The role of Open Arms Patient Advocacy Society (the Society) and its Advocates in relation to clients is to act as advisors and assistants in the case of difficult medical situations. The Society and its Advocates do not act as medical doctors nor lawyers and do not provide medical nor legal advice. Rather, the Advocates help clients navigate through the medical system and provide information as required to do so.

I, _____, agree that:

1. I will communicate any discomfort with the advocacy process with my Advocate.
2. I will be honest with disclosure of medical information to the best of my knowledge.
3. I will allow my Advocate to seek advice from Directors and Employees of the Society if needed in my case.
4. My Advocate may access my personal medical records as I have agreed to disclose them.
5. I will not hold my Advocate or the Society personally or legally responsible for any outcome in my case.

I, _____, understand the following:

1. I can relinquish my involvement with the Society at any time I desire and likewise continue my case as desired.
2. Advocates and the Directors and Employees of the Society must follow a confidentiality agreement in relation to my case and I have access to that agreement.
3. All my personal information will be kept in a secure environment and handled with the highest of care to ensure privacy.
4. The role of Advocate is in an advisory capacity only and my Advocate is not acting as a medical doctor nor as a lawyer and will provide me with resources to the best of their abilities.
5. Any media attention will only be done with my prior approval.

My signature below signifies that I have read and understand the above agreement and will adhere to the expectations outlined above.

_____ Date _____ Print Name _____
(Signature of client)

Address of Client:

