

***INSPIRE! 2016***

**VOLUNTEER STATEMENT  
CONFIDENTIALITY OF MEDICAL INFORMATION**

As a volunteer in the *Inspire!*<sup>SM</sup> program managed by Leadership Table, Inc., I acknowledge that I may learn about medical information pertaining to participants in the program.

I promise to keep all such medical information private and confidential, and I will not disclose such information to anyone except as is reasonably required for the medical care of such participant, and as requested by medical professionals who may be called upon to examine, diagnose, or treat such participant.

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SIGNATURE

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NAME (PRINTED)

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DATE SIGNED