



Confidentiality Policy

I understand that while I am participating as a registered volunteer for a Mission of Mercy project, it is mandatory that I maintain complete privacy and confidentiality of all patients. This pertains to all present and future digital, written and verbal communications referring to any Mission of Mercy patient. I also understand that unless I am obtaining information strictly for patient registration, I DO NOT ASK a patient any questions regarding medical/dental insurance coverage, Medicaid, or Medicare. By completing this volunteer registration I acknowledge that I have read, understand, and agree to adhere to this policy of confidentiality for the Mission of Mercy.

Release and Indemnification

Upon completion of this electronic registration, I release and indemnify the Mission of Mercy, a non-profit outreach program of the VDA Foundation, all its respective officers, directors, agents, contractors, heirs, successors and assigns, from prosecution or presentation of any claim for bodily injury or death or for property loss or damage incurred in connection with the Mission of Mercy Project or related activities.

Photo Release Statement

I hereby grant permission to the Mission of Mercy representatives to take and use: photographs, quotes, testimonials, and/or digital images of me for use in news releases and/or education materials. These materials might include printed or electronic publications, websites or other electronic communications. I further agree that my name and identity may be revealed in descriptive text or commentary in connection with the image(s) or statement(s). I authorize the use of these images or statements without compensation to me. All negatives, prints, digital reproductions shall be the property of the Mission of Mercy.