

**UNIVERSITY OF ILLINOIS AT CHICAGO
DENTAL ALUMNI ASSOCIATION
VOLUNTEER CONFIDENTIALITY STATEMENT**

INTRODUCTION

The University of Illinois at Chicago (UIC) Dental Alumni Association and the University of Illinois at Chicago College of Dentistry are committed to the ethical collection and use of information in the pursuit of legitimate institutional goals. Information not available from public sources should not be disclosed. Records about individuals and organizations are confidential and are to be used only to further the mission of the institution. We shall support and further the individual's fundamental right to privacy and subscribe to the following basic principles regarding ethics and confidentiality.

The principle of the right to privacy. Every individual has the right to privacy. Consequently, information that is not available from public sources should not be disclosed.

The principle of information necessity. Only information that has to do with the capacity or inclination of an individual to become a member of the UIC Dental Alumni Association or to make a gift to the University of Illinois is the proper subject of research.

The principle of individual ethical responsibility. Any individual, whether an employee of this institution, a volunteer, or an outside consultant, is responsible for the ethical ramifications of his or her individual acts.

The principle of protection of confidential material. Records about individuals and organizations are confidential, and are to be used only by those staff members who need to use them to further the legitimate mission of the institution.

The principle of record sensitivity. Records have an enduring power and may improve or ruin individual lives. Since records might become available to their subjects or to others who do not understand appropriate use of sensitive materials, everyone must ensure that records are not used in a harmful manner.

RELEASE OF INFORMATION

Confidential information is collected and maintained for the purpose of furthering the membership or fundraising operations of the UIC Dental Alumni Association or the UIC College of Dentistry. Therefore, any confidential information is released for those purposes only. Legal documents, however, can be released only with the permission of the donor. Of course, all information, confidential or not, is subject to subpoena or other legal action.

When an employee or member of the UIC College of Dentistry or the UIC Dental Alumni Association must share confidential information about a member, donor, or sponsor in order to perform his or her duties, the volunteer or agent must execute a written confidentiality agreement before the information is transferred. Nonetheless, the employee or member is ultimately responsible for the release of the confidential information.

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Confidential information is not available to groups or individuals for any other uses, such as for vendor usage, for political mailing lists, or for locating old friends. Therefore, addresses or telephone numbers are not to be released to third parties.

Questions about the appropriate release of information should be referred to the President of the UIC Dental Alumni Association, or the Dean of the UIC College of Dentistry, or their designees, depending on the type of information.

AGREEMENT

I acknowledge that in the course of my volunteer activities I may have access to documents, data, or other information, some or all of which may be confidential and/or privileged from disclosure whether or not labeled or identified as “confidential.” Therefore, except as required by my activities, I shall never, either during or after my association with the UIC Dental Alumni Association directly or indirectly use, publish, disseminate or otherwise disclose to any third party, or use for personal gain any information acquired in the course of my activities without prior written consent of the UIC Dental Alumni Association and UIC College of Dentistry. Finally, I acknowledge that I have read the above Volunteer Confidentiality Statement and agree to abide by it.

Signature:

Date:

Name