

# PHILADELPHIA COLLEGE OF OSTEOPATHIC MEDICINE ALUMNI CONFIDENTIALITY AGREEMENT

In consideration of my volunteer activities with Philadelphia College of Osteopathic Medicine (PCOM), I agree as follows:

For purposes of this agreement, “confidential information” is defined as information disclosed to me or known by me as a consequence of my volunteer efforts, and not generally known outside of the Institutional Advancement department.

During the term of my leadership, and afterward, I will hold the confidential information of PCOM in trust and confidence, and will not use or disclose it or any embodiment thereof, directly or indirectly. I understand disclosure could be highly damaging to PCOM, its donors, alumni, or others.

I will not distribute or disseminate to others any confidential information that I might receive during the course of my membership, including information received in hard copy format or electronic format.

I understand that in the event that a constituent requests information, such as an address or telephone number of a PCOM alumna/us, or wishes to have a message communicated, PCOM will act on behalf of the requesting party by mailing or emailing a request. I will not provide the information directly to the requesting party.

If in doubt, I will consult with an alumni or development officer before sharing any personal or financial information.

I have read and agree to abide by the Confidentiality Policy as listed above.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_