

## **Appendix T -- Confidentiality and Conflict of Interest Agreement**

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### **LTCO Program Confidentiality and Conflict of Interest Agreement**

#### **A. Confidentiality Agreement.**

I, \_\_\_\_\_, understand that as a volunteer with the LTCO program, I may at times become aware of written or spoken information that must remain confidential. I agree to keep any information about LTCO cases, complaints, residents, facilities, and staff confidential and to not discuss such information outside of the LTCO office. I will not express an opinion about the quality of specific long-term care facilities to the public, family, or friends. I have read the confidentiality section of the Official Code of Georgia § 31-8-58 concerning confidentiality and agree to abide by it.

#### **B. Conflict of Interest Disclosure Policy.**

I, \_\_\_\_\_, acknowledge that I have reviewed the LTCO Program's Conflict of Interest policy and have disclosed all potential conflicts of interest to the LTCO Program. Potential conflict of interest include, but are not limited to:

- Having a financial interest in, employment, business association, or business dealings with long term care facilities monitored by the LTCO program;
- Having a family member in a long-term care facility monitored by the LTCO program;
- Having direct involvement in the licensing or certification of a long-term care facility monitored by the LTCO program; or
- Providing long-term care services, including the provision of personnel for long-term care facilities, or the operation of programs which control access to or services for long-term care facilities.

I agree to immediately disclose to the LTCO program any potential conflicts of interest that arise after the date of this document.

**By placing my signature on this document, I agree to abide by the Confidentiality Agreement and Conflict of Interest Disclosure policy.**

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**Volunteer's Signature**

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**Date**