

Appendix 6.5

Volunteer Peer Health Educator Letter of Understanding

I, the undersigned, understand that as a volunteer of the Cardiovascular Health Awareness Program (CHAP) I will become aware of sensitive, private and/or confidential information pertaining to the personal health information of participants.

I understand that it is my responsibility to:

- Attend volunteer peer health educator learning sessions to understand their role in the CHAP sessions.
- Attend refresher sessions and volunteer appreciation as organized by the Local Coordinator.
- Operate the CHAP sessions under the direction of the Local CHAP Coordinator.
- Assist participants to measure their blood pressure at CHAP sessions.
- Assist participants to complete the cardiovascular risk profile questionnaire.
- Promote educational and community opportunities to participants,
- Provide local healthy living resources to participants and encourage participation.
- Learn about cardiovascular health and promote it to participants.
- Participate in the program's evaluation and provide suggestions to improve the program's quality

Further, I also understand that it is my responsibility to:

- Maintain such information in the strictest of confidence.
- Ensure that any such information is used only for the purposes for which it was collected.
- Ensure that all such information is safeguarded to ensure that it is not used inappropriately.
- Ensure that another volunteer will assist a participant, if so desired by that participant or the volunteer.

I also understand that while participating in the CHAP program I am acting only in a volunteer capacity and do not have the authority or license to diagnose, counsel, or make recommendations regarding a patient and his/her health, which goes beyond the protocol of the role which I am filling.

Name of Responsible Pharmacist (Owner / Manager) (Please Print)

Name of the Individual (please print)

Signature

Witness

Date