

GRISWOLD HOME CARE OF WINSTON SALEM VOLUNTEER CONFIDENTIALITY AGREEMENT (2016)

I understand that as a Volunteer at GRISWOLD HOME CARE OF WINSTON SALEM (GHCWS) I am obligated by federal HIPAA Privacy law and GHCWS policy to protect client privacy and all confidential information from unauthorized use and disclosure. I understand that even a client's presence if they are being treated in their home or a facility, is confidential information under HIPAA. I understand that volunteers may be subject to civil and criminal fines and penalties for privacy breaches, the same as for a GHCWS employee. Confidential Information is defined as any Client and/or Business information obtained through the course of your volunteer service to GHCWS.

- "Client Information" shall be considered any information regarding a client obtained or learned while providing volunteer services. Such information may include, but is not limited to, name, address, phone number, financial and social data, medical record, medical history, diagnosis, condition, or treatment. All information Volunteers learn about clients is "protected". Even the fact that clients are a client of GHCWS should not be re-told to others who have no job related need to know.
- "Business Information" shall be considered any information not publicly known regarding the business and operations of GHCWS obtained while providing volunteer service. This may include, but is not limited to, information concerning employees, financial operations, quality assurance, research, procurement, contracting, and other operational information. TERMS OF AGREEMENT I agree to support GHCWS culture of compliance with HIPAA privacy laws and to advocate for and protect client privacy. I agree to not access or disclose any confidential information I learn or am exposed to as part of my volunteer duties. I will seek the minimum amount of confidential information necessary to carry out my volunteer duties. I agree to not post client information on social media, and agree not to share protected client information by email, phone, or text.
- I understand that photos of clients, their families, or of staff are not permitted, without their express written permission on approved GHCWS forms.
- I understand that my obligation to maintain confidentiality of information obtained from GHCWS extends beyond the length of my volunteer service to GHCWS. I agree to maintain confidentiality of such information as long as it is known to me.
- I understand that I may not remove any hardcopy and/or electronic files of information from the premises. I understand that verbal disclosures may also be viewed as a privacy breach, and subject to fines or civil action.
- If I hear of or see a privacy breach, I will report it to the Assistant Director of GHCWS the same day or as soon as possible.
- I understand that if a client complains to the Office of Civil Rights about a privacy breach by a Volunteer, both the Volunteer and GHCWS could be subject to large fines.

X \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Volunteer Signature

Please print Volunteer Name \_\_\_\_\_