

## **NON-DISCLOSURE AND CONFIDENTIALITY AGREEMENT**

As a volunteer of the Highlands Health Clinic you may have the need to use protected personal health information. Our information system contains a great deal of personal health information stored both in electronic and paper form. Our privacy practices apply to all personal health information in any form. Verbal disclosures are no less serious than electronic or written disclosures. Our policies are evolving, guided by the recent implementation of HIPAA regulations, and every volunteer/employee has a duty to keep abreast of these changes and follow them unfailingly. These policies cover the access, use, and disclosure of protected health information. This Agreement reflects the importance we place on complying with all privacy policies.

As a volunteer/employee of the HHC, I accept the responsibility of following the privacy policies of the clinic including those outlined below:

1. To respect the confidentiality and privacy of any personally identifiable health information that I have access to in the course of performing my duties, regardless of what form that information is in.
2. To never disclose confidential information to anyone who is not authorized to receive it.
3. To avoid communicating information about a person in a non-secure manner. Never allowing letters, reports or faxes to be left exposed or unattended in open view. Never verbally communicate personally identifiable health information in public areas or in any place where non-authorized persons could overhear it. Non-authorized persons include other staff if they do not have a “need to know”, as defined by JFMC, the protected health information. A “need to know” suggests the volunteer requires the information to carry out his duties for the benefit of the person.
4. To follow policies and procedures in regard to privacy and security when using Clinic computers and restricting access to authorized personnel.
5. To never access protected health information that is not necessary for the performance of your duties.
6. To take affirmative steps to protect individually identifiable personal health information when you witness a breach in security.
7. To take adequate precautions when carting personal health information outside the Clinic’s premises for medical or other appointments.
8. Never take personal information away from a secure place without a compelling need related to carrying out assigned work.
9. To report any known or apparent violations of privacy policy to a supervisor or, if a supervisor is involved, to Privacy Officer listed below.

I understand that my duty of confidentiality will continue whether I am on leave or if I am no longer a volunteer/employee at the Clinic. I further understand that I may be subject to civil and/or criminal penalties if I willfully or negligently violate HHC policies on confidentiality and privacy.

Signature \_\_\_\_\_ Date \_\_\_\_\_