



VOLUNTEER CONFIDENTIALITY AGREEMENT

THE CLINIC recognizes the importance of protecting confidential information in any form (talking, paper, electronic) concerning patients, their families, medical staff members, employees, and volunteers in the operation of THE CLINIC, as well as the importance of protecting the proprietary information of THE CLINIC.

The purpose of this agreement is to document the understanding and agreement of Volunteer to maintain the confidentiality of such information at all times, both at THE CLINIC and outside THE CLINIC. More specifically, patient information should only be relayed to those persons involved with the patient's treatment; persons designated by THE CLINIC.

SCOPE OF AGREEMENT. I agree to follow all policies and procedures, rules and regulations of THE CLINIC including, but not limited to the following:

- I will protect the confidentiality of patients, medical staff, employees, volunteers and other proprietary information as well as any privileged or confidential information.
- I will inform THE CLINIC immediately of any and all requests for a patient's confidential information and follow directions on how to proceed.
- I will not release such confidential information to any unauthorized source.
- I understand and agree not to access or attempt to access information unless I have been authorized to do so and this access is needed to perform my volunteer duties.
- I will not release any confidential information without the appropriate authority providing me with the permission to do so.
- I will report breaches of this Confidentiality Agreement by others to the Volunteer Coordinator.
- I understand that THE CLINIC reserves the right to audit, investigate, monitor, access, review, and report on use of any Confidential Information obtained from THE CLINIC with or without advance notice.
- I will inform THE CLINIC of any accidental unauthorized disclosure of a patient's confidential information.
- I will maintain confidentiality agreement upon termination of service and will return all confidential materials as directed by THE CLINIC.

Electronic Information and Computer Systems

- I will maintain the confidentiality of my assigned User ID and password for online computer systems and will not use another's User ID and password to access any CLINIC system.
- I will only access Confidential Information at remote locations with consent from my supervisor.
- If permitted to remotely access Confidential Information, I am responsible for ensuring the privacy and security of the information at any location (e.g., home, office, etc.).
- I will not store Confidential Information on non-CLINIC systems including on personal computers or devices AND will not maintain or send Confidential Information to any unencrypted mobile device in accordance with CLINIC policies.

BREACH OF AGREEMENT. I understand that breach of any provision of this Agreement may result in immediate termination of relationship, at the option of THE CLINIC, in addition to any other rights and remedies available at law (civil and criminal) which THE CLINIC may pursue. *Please sign below to indicate your acceptance and agreement with these terms outlined above.*

Signature: _____

Date: _____

Print Name: _____



VOLUNTEER CONFIDENTIALITY AGREEMENT SUPPLEMENT

Examples of Breach of Confidentiality (What you should NOT do)

These are examples only. They do not include all possible breaches of confidentiality.

- 1. Accessing information that you do not need to know to do your job:**
 - Unauthorized reading of patient account information.
 - Unauthorized reading of a patient's chart.
 - Accessing information on adult children, friends, or coworkers.
- 2. Sharing, copying or changing information without proper authorization:**
 - Making unauthorized marks on a patient's chart.
 - Making unauthorized changes to an employee or volunteer file.
 - Discussing Confidential Information in a public area such as a waiting room, hallway or with personal friends.
 - Posting a picture of a patient on Facebook, Twitter, personal emails, or any other media.
- 3. Sharing your User ID and password:**
 - Telling someone your password so that he or she can log in to your work.
 - Giving someone the access codes for employee files or patient accounts.
 - Emailing Confidential Information outside of THE CLINIC by unsecure methods (not encrypted)
- 4. Leaving a secured application** unattended while signed on:**
 - Being away from your computer while you are logged into an application.
 - Allowing someone to access Confidential Information using your User ID and password.

Examples of Protected Health Information:

- Patient name or name of family members
- Medical record number
- Address
- Names of employers
- Birth date
- Social security number
- Telephone number
- Fax number
- Email address
- Account number