Confidentiality and Privacy Agreement

Dear Volunteer,

As a volunteer who is in this health care setting and office practice, you have an ethical and legal duty to keep patient information confidential. Federal law known as the Health Insurance Portability and Accountability Act of 1996 (HIPAA) forbids healthcare providers from disclosing protected healthcare information, except upon written authorization by the patient or as otherwise permitted by the law.

Under the HIPAA Security and Privacy Regulations, hospitals and other healthcare providers are required to have the capacity to determine who is accessing their patients' protected healthcare information. Failure to maintain patient confidentiality, accessing patient information without a need to do so for your work, or any other violation of policy, may result in disciplinary action.

I have received and reviewed all information that I was given about patient privacy and confidentiality. I understand there are rules regarding the use and disclosure of patient protected healthcare information, and I agree to abide by such rules and keep protected healthcare information confidential. I recognize that I may be immediately removed from this organization if I do not comply with this confidentiality and privacy agreement.

Volunteer printed name: _____

Volunteer signature: _____

Date: _____

If volunteer is a minor under 18 years old:

Parent/guardian printed name: _____

Parent/guardian signature: _____

Parent/guardian phone #: _____

Parent/guardian email: _____

Date: _____