

2018 Volunteer Confidentiality Agreement Form #195(2/15)

HIPAA Privacy Protected Health Information (PHI) includes:

Patient name, address, DOB, social security number, all content of the medical record, medications etc.

Munson Policy adds additional disciplinary consequences for privacy violations involving mental health records, substance abuse records, HIV status and other sensitive PHI.

Confidential Information is not to be shared inappropriately at work or away from work, via email, text, page, written format, social media, photos, video, verbal disclosure, fax or other.

Examples of Privacy Breaches:

- Announcing patient name or diagnosis loudly in a lobby area.
- Verbal disclosure of lab results to others who are interested, but who have no job related need to know.
- Visiting a patient on a restricted unit, such as Maternity, without their permission.
- Visiting a co-worker who is hospitalized, without their permission.
- Borrowing someone's password to access records or lending someone your password.
- Accessing a computer that is logged on under another's password.
- Disposing anything with a patient name on it in regular trash.
- Mailing or giving Discharge Instructions or medications to the wrong patient.
- Faxing PHI without FAX COVER SHEET and/or to the wrong Fax number.
- Asking patients or visitors invasive questions such as "Why are you here?" or "What surgery are you having?"
- Accessing charts of ex-husbands or ex-girlfriends, etc., out of curiosity or concern, or to use in custody battle.
- Accessing chart to see why your co-worker is in the emergency department.
- Disclosing patient presence in hospital after they had "opted out" of facility directory.
- Leaving paper charts or census sheets open and unattended. Leaving PHI in hall, restroom or library.
- Talking about your patients in a public place like the cafeteria or hair-dressers, or grocery store.
- Talking about medical information in front of patient's family without the patient's permission.

Over Please - Please read and sign the back of this Confidentiality Form

MUNSON HEALTHCARE VOLUNTEER CONFIDENTIALITY AGREEMENT (2014)

I understand that as a Volunteer at Munson Healthcare (MHC) I am obligated by federal HIPAA Privacy law and MHC policy to protect patient privacy and all confidential information from unauthorized use and disclosure. I understand that even a patient's presence in a hospital, clinic or if they are being treated in their home, 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 an MHC employee.

Confidential Information is defined as any Patient and/or Business information obtained through the course of your volunteer service to MHC.

- "Patient Information" shall be considered any information regarding a patient obtained or learned while providing volunteer services. Such information may include, but is not limited to, financial and social data medical record, medical history, diagnosis, condition, or treatment. Patient Information also includes information learned from committee meetings and reports, census sheets, surgery schedules, physician office records, x-ray films, lab results, and incident reports. All information Volunteers learn about patients is "protected". Even the fact that patients are present in the hospital 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 MHC obtained while providing volunteer service. This may include, but is not limited to, information concerning employees, physicians, financial operations, quality assurance, research, procurement, contracting, and other operational information.

TERMS OF AGREEMENT

I agree to support Munson Healthcare's culture of compliance with HIPAA privacy laws and to advocate for and protect patient 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 patient information on social media, and agree not to share protected patient information by email, phone, or text. I understand that photos of patients, their families, or of staff are not permitted, without their express written permission on approved MHC forms.

I understand that my obligation to maintain confidentiality of information obtained from MHC extends beyond the length of my volunteer service to MHC. 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 termination from MHC.

If I hear of or see a privacy breach, I will report it to the supervisor or Volunteer Services Manager the same day or as soon as possible. I understand that if a patient complains to the Office of Civil Rights about a privacy breach by a Volunteer, both the Volunteer and MHC could be subject to large fines.

X _____
Volunteer Signature

Date: ___/___/___

Please print:

Volunteer Name _____