



## VOLUNTEER CONFIDENTIALITY AGREEMENT

It is the responsibility of all Northside Hospital-Cherokee Volunteer members to preserve and protect confidential patient, employee and business information.

The Federal Health Insurance Portability Accountability Act (the "Privacy Rule") as well as state laws governs the release of patient's identifiable information by hospitals and other health care providers. All of these laws establish protection to preserve the confidentiality of various medical and personal information and specify that such information may not be disclosed except as authorized by law or the patient or individual.

The Privacy Rule is intended to protect the privacy of all individually identifiable health information in the hands of covered entities, regardless of whether the information is, or has at one time, been in electronic form. The rule established the first "set of basic national privacy standards and fair information practices that provides all Americans with a basic level of protection and peace of mind that is essential to their full participation in their care." 65 Fed. Reg. at 82464 the Privacy Standards:

**Confidential Patient Care Information includes:** Any individually identifiable information in possession or derived from a provider of health care regarding a patient medical history, mental, or physical condition or treatment, as well as the patients and/or their family member's records, test results, conversations, research records and financial information. (Note: this information is defined in the Privacy Rule as "protected health information.")

Examples include, but are not limited to:

- Physical medical and psychiatric records including paper, photo, video, diagnostic and therapeutic
- Reports, laboratory and pathology samples;
- Patient insurance and billing records;
- Electronic or computerized patient data and alphanumeric radio pager messages;
- Visual observation of patients receiving medical care or accessing services; and
- Verbal information provided by or about a patient

**Confidential Employee and Business Information include, but is not limited to the following:**

- Employee home telephone numbers and address;
- Spouse or other relatives names;
- Social Security number of income tax withholding records;
- Information related to evaluation of performance;
- Other such information obtained from NSH records which if disclosed, would constitute unwarranted invasion of privacy; or
- Disclosure of Confidential business information that would cause harm to Northside Hospital or Northside Hospital-Cherokee

I understand and acknowledge that:

1. I shall respect and maintain the confidentiality of all discussions, deliberations, patient care records and any other information generated in connection with individual patient care, risk management and/or peer review activities.
2. It is my legal and ethical responsibility to protect the privacy, confidentiality and security of all medical records, proprietary information and other confidential information related to NSH and its affiliates, including business, employment and medical information relating to our patients, members, employees and health care providers.
3. I shall only access or disseminate patient care information in the performance of my assigned duties and where required by or permitted by law, and in a manner which is consistent with officially adopted policies of NSH, or where no officially adopted policy exists, only with the express approval of my supervisor of designee. I shall make no voluntary disclosure of any discussions, deliberations, patient care records or any other patient care, peer review of risk management information, except to persons authorized to receive it in the conduct of NSH affairs.
4. NSH administration performs audits and reviews patient records in order to identify inappropriate access.
5. My user ID is recorded when I access electronic records and that I am the only one authorized to use my user ID. Use of my user ID is my responsibility whether by me or anyone else. I will only access the minimum necessary information to satisfy my job role or the need of the request.
6. I agree to discuss confidential information only in the work place and only for job related purposes and to not discuss such information outside of the work place or within hearing of other people who do not have a need to know about the information.
7. I understand that any and all references to HIV testing, such as any clinical test or laboratory test used to identify HIV, a component of HIV, or antibodies or antigens to HIV, are specifically protected under law and unauthorized release of confidential information may make me subject to legal and/or disciplinary action.
8. I understand that the law specifically protects psychiatric and drug abuse records, and that unauthorized release of such information may make me subject to legal and/or disciplinary action.
9. My obligation to safeguard patient confidentiality continues after my termination as a volunteer of affiliation with NSH.
10. I understand that violation of Hospital Policy may subject me to immediate termination of access to the facilities of Hospital and its Subsidiaries, as well as civil sanctions and/or criminal penalties.

I hereby acknowledge that I have read and understand the foregoing information and that my signature below signifies my agreement to comply with the above terms.

**Volunteer:**

**DVS for Northside Hospital-  
Cherokee:**

**Signature:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Name: (Print)** \_\_\_\_\_

**Name: (Print)** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_