

CONFIDENTIALITY AGREEMENT FOR HHH VOLUNTEERS

I understand HHH is an organization that facilitates the delivery of healthcare services to homeless individuals. As an HHH volunteer, I agree to and shall abide by HHH Policies and Procedures, including those that require me to maintain the confidentiality of HHH information. "HHH Information" includes any and all information that I obtain, whether deliberately or inadvertently, permanent to my activities as an HHH volunteer.

Sources of HHH Information include but are not limited to individuals seeking healthcare services (Clients), healthcare providers, administrative or office staff, and other volunteers. In the course of my service as an HHH Volunteer, I may come into possession of HHH Information even if not directly involved in providing healthcare services to Clients.

I acknowledge that both federal and state laws protect the confidentiality of health information. I understand and agree that a Client's health information must be maintained in the strictest confidence. When I must discuss a Client's health information with healthcare providers in the course of my volunteer responsibilities, I will use discretion to assure that these conversations cannot be overheard by others who are not involved in the Client's healthcare treatment.

I will not, at any time during or after the duration of my volunteer work, disclose HHH information to individuals who are not authorized by HHH Policies and Procedures to read, examine, or copy HHH information. After I complete my daily tasks I will take all steps necessary as instructed by the HHH Director of Volunteer Services, to secure documents, computer information, files, records, and other materials containing HHH information in a safe manner. If I have trouble understanding HHH Information, I will ask the HHH Director of Volunteer Services for guidance.

Signature

Print Name

Date