



**Confidentiality Agreement—Volunteer Workforce
Volunteer Workforce
Acknowledgment Form**

Directions: This form is to be used whenever a person begins service in the volunteer workforce. Its contents should be entered into the HIPAA compliance system by your Privacy Liaison. The form should also be filed with the volunteer’s personnel file.

Read this page carefully and sign the confidentiality statement to confirm that you understand its content and will safeguard protected health information (PHI).

The Health Insurance Portability and Accountability Act (HIPAA) requires that the County train all volunteers about the County’s HIPAA policies. HIPAA is a federal law that protects the privacy of an individual’s health information under certain circumstances and makes it confidential. Everyone has to follow the HIPAA laws.

HIPAA mandates that in most instances, health information must be kept confidential unless the person gives specific written authorization or unless compelled by court order or subpoena, or when certain other conditions are met for release of health information.

By virtue of your association with Hillsborough County, you may need to know and, therefore, may be informed of certain health information that is necessary to perform your assigned duties, or may accidentally receive such information. To insure HIPAA laws are not violated, it is our policy not to share any health information about another person without permission from your supervisor or manager.

By signing this form, you acknowledge that you will keep all health information confidential that you obtain in connection with your volunteer duties and responsibilities. This includes information about any medical condition, medical testing, medical treatment or surgery, prescription medications, dental treatment or vision treatment or any other procedure related to the health of an individual. In addition, you agree not to use or disclose this information to any person except those persons directly necessary to the performance of your duties and responsibilities. (This includes talking to another volunteer or worker about the medical information.) If you are not sure about whether or not any information is confidential, you agree to ask your supervisor or manager.

Failure to keep health information confidential may result in monetary liability, civil penalties (fines) and/or criminal penalties provided for by law.

I have read the above information and agree to keep health information confidential.

Witness

Volunteer’s Printed Name

Original Signature of Volunteer

Date