

VOLUNTEER CONFIDENTIALITY GUIDELINES

I understand that NOMRC, including its employees/volunteers/assignees/affiliates, has a legal and ethical responsibility to maintain the privacy and confidentiality of *individual information, protected health information, or information related to or held by NOMRC or NOHD*, including obligations to protect and safeguard the confidentiality and privacy of such information.

I understand and I agree that:

- I shall *not* access or view any information other than what is required to do my job. If I have any question about whether access to certain information is required for me to do my job, I shall immediately consult the NOMRC Coordinator.
- I shall *not* use or disclose, orally, in writing, electronically or otherwise, any personal information including social security numbers, telephone numbers, street/e-mail addresses, etc. or information related to or held by NOMRC or NOHD.
- I shall *not* discuss or reveal any personal information or information related to or held by NOMRC or NOHD in an area where unauthorized individuals may hear or see such information, even if specifics, such as an individual's name, are not used. I understand that possible areas to keep in mind include, but are not limited to, hallways, elevators, cafeteria, public transportation, restaurants, and social events.
- I shall *not* make inquiries about any information for any person or party, including, but not limited to, any family member, a friend, a third party, an employee or associate of NOMRC or NOHD, who does not have proper authorization to access such information.
- I shall immediately return all property, including, but not limited to documents, and ID badges to NOMRC upon termination (with or without cause) of my volunteer assignment/affiliation with NOMRC.
- Any violation by me of these guidelines may result in disciplinary action, up to and including termination of any volunteer assignment/affiliation with NOMRC and/or suspension, restriction or loss of privileges, in accordance with NOMRC's policies, as well as *potential personal civil and criminal legal liabilities*.
- I have participated in the HIPAA Confidentiality Training, understand the material and agree to abide by this law.

Volunteer & HIPAA Confidentiality Agreements

I acknowledge that I have received and agree to read the Volunteer Confidentiality Guidelines, and completed HIPAA training, in their entirety. I have been provided with an opportunity to ask questions concerning their terms and I agree to comply with all of the stated terms of these two Guidelines as a condition of my responsibilities as a NOMRC volunteer. I understand that this signed and dated document will become part of my volunteer file.

Signature of Volunteer

Date

