



**Confidentiality Agreement**  
**Compliance with Federal Health Insurance Portability and Accountability Act**

Through your capacity at Hand in Paw, you may learn about Protected Health Information (PHI) about the clients you visit. PHI covers all individual- identifying health information that includes, but is not limited to, “an individual’s past, present, or future physical or mental health condition, the provision of health care to the individual and the past, present, or future payment for the provision of healthcare to the individual.” Under HIPAA, it is illegal for you to disclose this information. In order to comply with HIPAA, and protect patient privacy, you agree to the following:

1. I understand that divulging PHI, written or orally, is prohibited.
2. I understand that PHI is protected for 50 years after a patient’s death.
3. I will not discuss the patient unless it is part of my duties as a volunteer. If I am required to discuss the patient, I will ensure that I am only discussing the patient with the proper person in a location in which the information cannot be overheard.
4. I will never discuss the patient outside of the facility. This includes discussing information about family members, neighbors, friends, coworkers, or other individual I encounter when visiting. This includes disclosing that this person was or is in the hospital.
5. I will not ask patients questions about their condition, health insurance, or anything else about their health information.
6. I will only obtain the minimum necessary information to perform my duties. I will not attempt to listen to conversations between the patient and the medical staff.
7. I recognize that unauthorized release of confidential information may subject me to civil liability under the provisions of state law and that any person may bring an action against me should I willfully release confidential information or records.
8. If I visit a client who wishes to share their story or pictures with Hand in Paw, I may obtain a personal information release form from Hand in Paw. This form gives Hand in Paw the right to use this information, but this right does not extend to me.
9. I agree not to divulge, discuss, publish, copy or otherwise make known, except as authorized by law, any information regarding persons who have received or are now receiving services that I have met through my capacity at Hand in Paw.

I hereby agree to abide by the conditions regarding confidentiality as outlined above and stated in law. I understand that failing to abide by these terms may result in dismissal from Hand in Paw. I may also find myself subject to further legal action under HIPAA laws.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date