



UNITED ABILITY VOLUNTEER CONFIDENTIALITY AGREEMENT

I understand I am obligated by federal HIPAA Privacy law and UNITED ABILITY policy to protect participant privacy and all confidential information from unauthorized use and disclosure. I understand that even a participant's presence in a program or at the clinic is confidential information under HIPAA.

I understand that volunteers may be subject to civil and criminal fines and penalties for privacy breaches, the same as for a UNITED ABILITY employee.

Confidential Information is defined as any Participant and/or Business information obtained through the course of your volunteer service to UA.

- "Participant Information" shall be considered any information regarding a participant or their family obtained or learned while providing volunteer services. Such information may include, but is not limited to, financial and social data, medical record, medical history, diagnosis, condition, or treatment.
- "Business Information" shall be considered any information not publicly known regarding the business and operations of UNITED ABILITY obtained while providing volunteer service. This may include, but is not limited to, information concerning employees, physicians, financial operations, contracting, and other operational information.

TERMS OF AGREEMENT

I agree to support UNITED ABILITY's culture of compliance with HIPAA privacy laws and to advocate for and protect participant privacy. I agree to not access or disclose any confidential information I learn or am exposed to as part of my volunteer duties.

I agree to not post participant information on social media, and agree not to share protected information by email, phone, or text. Confidential Information is not to be shared inappropriately at work or away from work, via email, text, page, written format, social media, photos, video, verbal disclosure, fax or other. I understand that photos of participants, their families, or of staff are not permitted, unless first shared by approved United Ability accounts or other official media sources.

I understand that my obligation to maintain confidentiality of information obtained from UNITED ABILITY extends beyond the length of my volunteer service. I agree to maintain confidentiality of such information as long as it is known to me. I understand that I may not remove any hardcopy and/or electronic files of information from the premises. I understand that verbal disclosures may also be viewed as a privacy breach, and subject to fines or termination from UA. If I hear of or see a privacy breach, I will report it to the supervisor or Volunteer Coordinator the same day or as soon as possible.

Volunteer Name - PRINTED

Volunteer Signature

Date