**Volunteer Confidentiality Statement**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand and agree that in the performance of my duties as a volunteer for the Two Rivers Health Clinic, I must hold all patient information in confidence. I understand that any violation of the confidentiality of medical information on my part may result in the removal of my volunteer privileges.

I acknowledge that confidential information includes all medical and personal information regarding patients, and in order to preserve patient confidentiality, will exercise caution when speaking with patients or medical personnel.

I further acknowledge that I have been provided a copy of the HIPAA compliance rules, have read, and understand those rules.

***Printed Name***

***Signature Date***

**Two Rivers Health Clinic**

**Conflict of Interest Policy – Annual Member Statement**

Note: A potential or actual conflict of interest exists when commitments and obligations are likely to be compromised by the member’s other material interests, or relationships (especially economic), particularly if those interests or commitments are not disclosed.

This form should indicate whether the Two Rivers Health Clinic member named below has an economic interest in, or acts as an officer or a director of, any outside entity whose financial interests would reasonably appear to be affected by the addition of this member to the Two Rivers Health Clinic. The member should also disclose any personal, business, or other volunteer affiliations that may give rise to a real or apparent conflict of interest. Relevant federally and organizationally established regulations and guidelines in financial conflicts must be abided by.

Please describe below any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to a conflict of interest:

 \_\_\_\_\_ I have no conflict of interest to report.

 \_\_\_\_\_ I have the following conflict(s) of interest to report (a conflict of interest may include other nonprofit or for profit boards you or your spouse sit on, businesses for which you or an immediate family member are an owner, officer, or a majority shareholder, your employer):

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I hereby certify that the information set forth above is true and complete to the best of my knowledge.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HIPAA PRIVACY COMPLIANCE**

The HIPAA Privacy rule ensures that personal medical information you share with doctors, hospitals and other who provide and pay for healthcare is protected. It is part of the Health Insurance Portability and Accountability Act (HIPAA) enacted by Congress.

Privacy Rule does the following:

* Imposes restrictions on the use and disclosure of personal health information
* Gives patients greater access to their medical records
* Gives patients great protection of their medical records.

You can make sure you protect personal patients’ data by learning the basics of the final HIPAA Privacy Rule outlined in the handbook.

**What is protected health information?**

When a patient gives personal health information to a covered entity; that information becomes Protected Health Information – or PHI.

PHI includes any information – oral, recorded, on paper, or sent electronically – about a person’s physical or mental health, services rendered or payment for those services, and that includes personal information connecting the patient to the records.

Examples of information that might connect personal health information to the individual patient include:

* The individuals name or address
* Social Security or other identification numbers
* Physician’s personal notes
* Billing information

What are the Rules for the use and disclosure of protected health information?

HIPAA’s Privacy Rule is about the use and disclosure of Protected Health Information or PHI. With few exceptions, PHI can not be used or disclosed by anyone unless it is permitted or required by the Privacy Rule.

PHI is used when: Shared, Examined, Applied or Analyzed.

PHI is disclosed when: Released, Transferred or in any way made accessible to anyone outside of the covered entity.

You are permitted to use or disclose PHI:

* For treatment, payment, and healthcare operations
* With authorization or agreement from the individual patient
* For disclosure to the individual patient
* For incidental uses such as physicians talking to patients in a semi-private room

You are required to release PHI for use and discloser:

* When requested or authorized by the individual – although some exceptions apply
* When required by the Dept of Health and Human Services (HHS) for compliance or investigation.

When is Authorization Required?

The final ruling makes consent for routine healthcare optional. You are required to obtain a signed authorization from the patient if you use or disclose his or her Protected Health Information for the purpose’s other an:

* Treatment
* Payment
* Healthcare operations

Generally, authorization is required to use PHI:

* For use or disclosure of psychotherapy notes
* For research purposes, unless a documented waiver is obtained from the Institutional Review Board (IRB) or a privacy board
* For use and disclosure to third parties for marketing activities such as promotion services or selling lists of patients.

Covered entities may communicate freely with patients about treatment options and health-related information.

What is included in an Authorization Form?

Each authorization form covers only the use disclosure outlined in that form. The form must contain:

* A description of the PHI to be used/disclosed, in clear language
* Who will use/disclose PHI, and for what purpose
* Whether or not it will result in financial gain for the covered entity
* The patient’s right to revoke the authorization
* A signature of the patient whose records are used/disclosed, and a date of signing
* An expiration dates.

When is Authorization NOT Required?

PHI can be used/disclosed without authorization, but with patient agreement, for the following reasons:

* To maintain a facility’s patient directory
* To inform family members or other identified persons involved in the patient’s care or notify them on patient’s location, condition or death
* To inform appropriate agencies during disaster relief efforts.

Other permitted uses/disclosures that do not require patient authorization include:

* Public Health activities related to disease prevention or control
* To report victims of abuse, neglect, or domestic violence
* Health oversight activities such as audits, legal investigations, licensure or for certain law enforcement purposes for government functions.
* For coroners, medical examiners, funeral directors or tissue organ donations.
* To avert a serious threat to health and safety.

What is minimum necessary?

In general, use/disclosure of PHI is limited to the minimum amount of health information necessary to get the job done right. That means:

* Covered entities must develop policies and practices to make sure the least amount of health information is shared.
* Employees must be identified who regularly access PHI along with the types of PHI needed the conditions for access.

The minimum necessary requirement does not apply to use/disclosure of medical records for treatment since healthcare providers need the entire record to provide quality care. But it does apply in all other circumstances.

What is the Notice of Privacy Practices?

Patients have the right to adequate notice concerning the use/disclosure of their PHI on the first date of services delivery, or as soon as possible after an emergency. And new notices must be issued when your facility’s privacy practices change.

The Notice of Privacy Practices must:

* Contain patient’s rights and the covered entities, legal duties
* Be made available to patients in print
* Be displayed at the site of service, and posted on the website whenever appropriate

Once a patient has received notice of his or her rights, covered entities must try to get written acknowledgement of receipt of notice from the patient or document reasons why it was not obtained. And copies must be kept of all notices and acknowledgements.

What are Patient Privacy Rights?

The Privacy Rules grants patients new rights over their PHI. It’s your job to make sure they can exercise their rights, including the following:

* Receive Notice of Privacy Practices at time of first delivery of service
* Request restricted use and disclosure, although the covered entity is not required to agree
* Have PHI communication to them by alternate, means and at alternate locations to protect confidentiality
* Inspect and amend PHI, and obtain copies, with some exceptions except for disclosure made for treatment, payment, healthcare operations or with prior authorization
* Contact designated persons regarding any privacy concern or breach of privacy within the facility or at HHS.

What must administrative do to comply?

* Allow patients to see and have copies made of requested PHI
* Designate a full or part time privacy official responsible for implementing the programs
* Designate a contact person to office responsible for receiving complaints
* Develop a Notice of Privacy Practices document
* Develop polices and safeguards to protect PHI and limit incidental use or disclosure.
* Institute employee training programs so everyone knows about the privacy polices and procedure for safeguarding PHI
* Institute a complaints process, and file, and resolve formal complaints

What happens to those who don’t comply?

If you violate the Privacy Rule, HIPAA set civil and criminal penalties including:

* A $100 civil penalty up to a maximum of $25,000 per year for each standard violated
* A criminal penalty for knowingly disclosing PHI – a penalty that may escalate to a minimum of $250,000 for conspicuously bad offences

If you unknowingly make a mistake, remember: The Department of Health and Human Services is mandated to give you and your organization advice and technical assistance – and help you work out problems.

What can you do to protect patients “privacy and confidentiality?”

HIPAA protects our fundamental right to privacy and confidentiality. And that means HIPAA’s Privacy rule is everyone’s business from the CEO to the healthcare professional to the maintenance staff to do your part:

* Make sure you fully understand your facility’s privacy practices.
* Protect your patients’ personal health information
* Encourage others to do the same

**MEDIA RELEASE FORM**

With my signature, I release custody of audio tracks, television footage, still photographs, etc., to be used in a professional manner by Two Rivers Health Clinic of Effingham County, Georgia to promote its service on print (newspapers, magazines, brochures, etc.) and electronic media (radio, TV, website) and/or other methods that will generate community support.

I understand that I am doing this as a public service and do not expect any monetary compensation.

Signature Date

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Signature of Witness Date

**Volunteer Information**

**2021**

Title: \_\_\_\_\_\_\_\_\_ Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate (month/day): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone Number:

 Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Preference (circle one): Text Email Phone