



HIPAA Confidentiality Agreement

Volunteers and students at the Olympic Peninsula Community Clinic will have access to confidential information, both written and oral, in the course of their responsibilities and time at the clinic. It is imperative that this information is not disclosed to any unauthorized individuals to maintain the integrity of patient information. An unauthorized individual would be any person that is not currently a volunteer or employee of OPCC directly involved with patient information. For maximum discretion, conversations should be kept at a low volume, doors must be closed when discussing sensitive information, and documents with visible patient information should be obstructed from view by unauthorized individuals.

By signing below, I affirm I have read and understand OPCC's position with regards to privacy and security of personal health information. Also, I agree to maintain confidentiality of all information obtained in the course of my time at the clinic including, but not limited to, medical and financial information of the organization as well as personal and sensitive information regarding patients. I understand that inappropriate disclosure or release of patient information is grounds for termination.

Signed: _____

Print Name: _____

Date: _____