



HIPAA and Confidentiality

What is HIPAA?

The Health Insurance Portability and Accountability Act (HIPAA) is United States legislation that provides data privacy and security provisions for safeguarding medical information. HIPAA is a federal regulation that promotes and ensures the confidentiality of personally identifiable patient and family information. It is a means of defining who is authorized to access Protected Health Information (PHI), and families'/patients' rights to keep PHI from unauthorized disclosure.

What does HIPAA mean for a contract employee/volunteer?

While helping AugustHeart, volunteers may come in contact with PHI in which diagnosis, demographic and family information, and care issues are detailed.

This information needs to stay with the employee/volunteer. It is not to be shared with ANYONE else. This means your family, friends, and even other employees/volunteers.

- A signed copy of this agreement is kept on record in each volunteer's file.
- AugustHeart takes confidentiality very seriously. Violation of this agreement could result in termination.
- Employees/Volunteers will not share confidential information with people outside of the AugustHeart Executive Director or the Program Director, and the physician attending their event. This includes other employees/volunteers.

Confidentiality Agreement

Each person who works, advises, or volunteers with AugustHeart is required to ensure confidentiality of information. It applies to all aspects of interactions at any AugustHeart screening event or function. Confidentiality must be maintained to past, present, and future information obtained by any means - oral (heard or discussed), paper (faxes, documents), and electronic (computer, PDA).

In consideration of your association with AugustHeart and its affiliated entities, you agree that during this time period and thereafter (indefinitely), you shall not allow direct or indirect disclosure of confidential information, obtained by any means, except where disclosure is required as part of your job or association when required by law or with the written approval of AugustHeart.

Furthermore, you agree that at the end of this association, you will continue to hold confidential any unwritten or oral information subject to the terms of this agreement. When sharing about your experience with AugustHeart, you agree to keep any PHI confidential at all times.

By providing the information below, I agree that I have read the above statements and agree to abide by the obligations of confidentiality regarding all information.

I agree to keep any PHI I may encounter with AugustHeart in the strictest confidence at all times. I understand any violation of this agreement may result in termination of my ability to work/volunteer with AugustHeart.

Print name of volunteer/staff:	
Signature of volunteer/staff:	
Date:	
<i>Volunteers under age 18 must also have a parent/guardian review and complete the following.</i>	
Print name of parent/guardian:	
Signature of parent/guardian:	
Date:	

Please complete and upload this agreement to become eligible for opportunities!

Cathy Klumpp, Executive Director
Alex Sego, Program Director

If you have any questions or concerns, please contact the AugustHeart Office
210-267-2771
info@augustheart.org