



VOLUNTEER CONFIDENTIALITY STATEMENT

All volunteers at Ascension should be aware of their responsibility to contribute to an environment that will support and sustain respect for the personal dignity of our patients. As an organization, Ascension has a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of their health information. During your volunteer service with Ascension, you may come into the possession of confidential information¹, either verbally or in writing.

I understand that I am obligated to maintain the confidentiality of this information at all times – while volunteering, when off-duty and after I am no longer a volunteer.

By signing this document, I understand the following:

- I agree not to share or discuss patient or departmental operational information in public areas within Ascension facilities (i.e. cafeterias, break rooms, elevators, hallways) and as well as outside of Ascension (i.e. home, places of businesses and social media sites.)
- I agree not to use a camera or mobile device camera on hospital premises unless approved by my manager.
- I agree not to access any information or utilize equipment, other than what is required to do my assignment.
- I agree not to share protected health information with those who do not have a need to know to do their assignment
- I agree not to use any information about a patient that I come in contact with for personal use (i.e. reading a patient census for names of people you recognize to visit or sharing information with others.)
- I agree not to leave patient information in view of others (i.e. registration lists, surgery schedules, census, etc.)
- I agree not to share my computer password or knowingly use another person's computer password instead of my own for any reason.
- I agree to abide by Ascension policies and procedures to respect and maintain patient confidentiality, to comply with the Health Insurance Portability and Accountability Act (HIPAA.)

I have read the above and understand that any violation may result in legal action and/or disciplinary action, including termination.

Volunteer Name (please print): _____

Volunteer Signature: _____

Date: _____

¹ Confidential Information: Any information maintained on paper, computerized form or verbal discussions related to providing direct patient care. Confidential information also includes: medical records, test results, financial information, personnel files (paid or unpaid), other employee related information, risk management related information including accident reports, quality assessment reports, Hospital and Medical Staff committee reports and information relating to the Medical Staff, program development and/or implementation, forms and contract matters.

01/20/2017

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