



## HIPAA - VOLUNTEER/OBSERVER CONFIDENTIALITY AGREEMENT

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Patient, client, employee and Ability KC business information from any source and in any form is confidential. In my role as a volunteer/observer, I may have access to and receive such confidential information. I shall protect the privacy and confidentiality of patient, client, employee and Ability KC business information and shall limit my access to only the minimum of confidential information necessary to accomplish my job.

**By initialing by each statement, I acknowledge that I have read the following:**

\_\_\_\_\_ I will only access information needed to perform my job duties.

\_\_\_\_\_ I will not disclose, copy, sell, modify or discard any confidential information unless it is part of my job to perform any of these tasks. If it is part of my job to perform any of these tasks, I will follow the correct procedure to perform the task.

\_\_\_\_\_ I know that confidential information that I learn on the job does not belong to me. I will not steal, sell or otherwise misuse that information.

\_\_\_\_\_ I will protect any portable device containing confidential information such as laptops, flash drives and tablets. I will not leave them unattended anywhere, including in my vehicle or office.

\_\_\_\_\_ I will keep my computer password(s) secret, and change it (them) regularly.

\_\_\_\_\_ I will not use anyone else's password in any computer system at Ability KC.

\_\_\_\_\_ I will not share any confidential information even after my work at Ability KC is ended. I understand that I could be liable if I do.

\_\_\_\_\_ I am aware that my access to confidential information may be audited.

\_\_\_\_\_ I will tell my supervisor if I think someone knows or is using my password(s).

\_\_\_\_\_ I know that my access to Ability KC's computer systems may be revoked at any time.

\_\_\_\_\_ I will follow the Ability KC HIPAA Privacy Plan policies and procedures and the Information Technology Plan, policies and procedures. I will ask questions if I don't understand. I understand that if I fail to comply with this agreement or abide by Ability KC Policies and Procedures that I may be subject to disciplinary action including up to termination of employment or volunteer status and/or revocation of contract.

**By signing below, I agree that I understand and will comply with this Confidentiality Agreement.**

\_\_\_\_\_  
Volunteer/Observer Signature

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

\_\_\_\_\_  
Date