



*Senior Companion Program, Inc.*

## **Volunteer Confidentiality Statement**

A federal Law named “HIPAA” (Health Insurance Portability and Accountability Act) defines “protected health information” and sets standards for health care providers to protect that information. The law also defines stiff penalties (fines and even imprisonment) for violating those privacy provisions. Various Wisconsin state laws also protect the privacy of patient information.

Protected information is any information regarding a visatee including but not limited to **name, address, and phone number, date of birth, financial information, and medical information.**

In addition to defining protected health information, the law requires that we define the minimum necessary information which volunteers can have access to. As a volunteer, you may have incidental access to protected health information. It is important that you recognize that any protected health information cannot be shared:

- At home
- With friends or family
- Outside the hospital, clinic, or health care facility
- By written, verbal, or e-mail communication
- Social networks

The easiest way to remember how to implement this law is by remembering, “What you see and hear here, must remain here.”

We require you to follow these rules. Please sign below that you have reviewed this information, understand it, and agree to it. Thank you.

I have reviewed the information above, understand it, and agree to abide by it.

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Volunteer Signature

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Date

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Volunteer name (Please Print)

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Senior Companion Representative