VOLUNTEER CONFIDENTIALITY AGREEMENT

The nature of _____ (*therapy practice*) routinely involves handling a large volume of highly confidential information. In addition to potentially violating federal and state laws governing confidential personal health information, improper disclosure of confidential information could cause great damage to _____ (*therapy practice*), its individual therapists, and our clients.

You must remain constantly aware of the need to preserve confidentiality when using, discussing, storing, transmitting, or otherwise handling client information.

Your obligation to protect confidential information disclosed to you in your volunteer work extends to conversations and other communications outside of this practice, including the use of social media, e-mail, and texting, and survives the termination of your volunteer assignment.

As a volunteer at _____ (*therapy practice*) effective _____ (date), please complete and sign the following:

I have read and understand the above and agree not to disclose or use any information obtained through my volunteering at _____ (*therapy practice*) for any purposes outside of the scope of my volunteering responsibilities.

I further state that I have been trained on the application of the confidentiality provisions of the Health Insurance Portability and Accountability Act (HIPAA) to my volunteering responsibilities and will adhere to those provisions during the course of my time at _____ (*therapy practice*) and thereafter.

_____

Volunteer Signature

_____

Volunteer Typed or Printed Name

_____

Date