

CONFIDENTIALITY AGREEMENT FOR SAMARITAN HOUSE VOLUNTEERS

I, the undersigned, acknowledge that during the course of my voluntary participation or performance of duties at **Samaritan House** I will receive access to confidential information that is prohibited from disclosure to others.

"Confidential Information" refers to information provided by Samaritan House that is not commonly available to the general public as regulated by the Health Information Portability and Accountability Act (HIPAA). Confidential Information includes information contained in the guest's medical records and any other personal or health information which identifies the guest.

By signing below, I agree that

1. Will not disclose in any manner any Confidential Information gained by being a volunteer at Samaritan House for any purpose
2. Will not share, disclose or discuss Confidential Information with anyone who does not have a legitimate interest in such information.
3. Will maintain and protect the privacy of guests at Samaritan House and I will not misuse or be careless with such information.
4. Understand that any violation of this Agreement may result in legal ramifications for which I will be held solely responsible with respect to this Agreement.
5. Understand that my assurance of confidentiality and these requirements do not cease when I am no longer a volunteer.
6. Acknowledge that I have reviewed all of the above information. I understand that compliance with the above Agreement is a condition of my continued volunteering and presence at Samaritan House.

Name (Print) _____ Signature: _____ Date: _____

Samaritan House Representative: _____ Date: _____