



CONFIDENTIAL INFORMATION STATEMENT

I understand that the information considered confidential involves all reports within the medical records, employee health records, and/ or automated information systems concerning examinations, tests, treatments, observations, and diagnosis of the clients/employees of Easterseals. It also includes information I learn in conversations with other employees or in reference to donors' information. I understand that demographic information, including all specific financial data, is private.

I understand and agree that as a Volunteer/Intern/Trainee of Easterseals, I must hold certain confidential information in strict confidence, regardless of method of communication, including but not limited to hard copy, faxed, electronically transmitted, oral conversations, or any printed data. This confidence must be kept when performing my duties, as well as during breaks, rest periods and time away from work. I understand that I may not seek access to or release written or computerized confidential information unless my work assignment specifically authorizes me to do so.

I understand that discussions concerning confidential information are not to occur in hallways, elevators, or other public areas where someone not authorized to receive the information can inadvertently overhear confidential information. I understand that when I discuss confidential information, I must take precautions so that unauthorized persons will not overhear my discussion.

I understand that the combination of logon and password codes forms my electronic signature. Divulging my password code or that of another or utilizing the password code of another or allowing someone else to use mine is not permitted. If I leave the work area, I will sign off the application/system to prevent unauthorized access.

I will abide by HIPAA privacy regulations for protected health information that include: individually identifiable information that is transmitted or maintained by Easterseals as it relates to individuals past, present or future physical/mental health or describes individual's past, present or future payment for healthcare.

I am aware of my Volunteer/Intern/Trainee status as a direct classification indirect classification as it relates to client protected health information access.

Consequences for Violation

I understand that any breach of confidentiality and terms of this statement will be considered a violation of company policy and may result in disciplinary action up to and including dismissal from my volunteer/intern/trainee position.

NAME (PRINTED) _____

SIGNATURE _____

DATE _____