



Meeting Street

CONFIDENTIALITY POLICY FOR FAMILY VOLUNTEERS

As Meeting Street is a private non-profit organization, it is subject to Federal and State Guidelines under the Laws of Confidentiality as well as the Health Insurance and Accountability Act of 1996 (HIPAA). All programs that are part of Meeting Street, are subject to these Laws. Client and donor information whether part of a record or not, **is not** to be discussed with anyone. Confidential information may be passed on only when appropriate consents and/or authorizations have been secured in accordance with Meeting Street policy.

PROCEDURES

The President shall take appropriate action in the case of a breach of confidentiality.

Violations of this policy shall be reported to the President for appropriate action. Reports shall be maintained by the President and a copy kept in the volunteer’s file as appropriate.

This policy statement shall be made available at the Meeting Street. Volunteers will be asked to sign the agreement concerning reporting of confidentiality breaches on an annual basis.

FAMILY VOLUNTEERN CONFIDENTIALITY STATEMENT

I have read and understand Meeting Street’s Policy on Confidentiality. I agree to report promptly any such breach which arises during my volunteer association with Meeting Street and to comply with this policy and procedures.

As a volunteer of Meeting Street, I accept and understand that all programs/services/operations of the Agency, are subject to the Federal and State guidelines as stated under the Laws of Confidentiality as well as the Health Insurance and Accountability Act of 1996 (HIPAA). All client and/or donor information, whether part of a record or not, IS NOT to be discussed with anyone at any time. All confidential information may be passed on only when appropriate consents and/or authorizations have been secured in accordance with Meeting Street policy.

I agree to assign to the Meeting Street, all developments credited to me, alone or jointly with others, in the course of my volunteerism, relating to the business of Meeting Street or resulting from tasks specifically assigned to me by the Agency. I recognize that the confidential information that I acquire during my volunteering is to be kept confidential and to be divulged only when authorized.

Date

Family Volunteer Signature

Name (Please Print)