



CONFIDENTIALITY AGREEMENT

Volunteers and members of the SPARK will have access to confidential information, both written and oral, in the course of their position responsibilities. It is imperative that this information is not disclosed to any unauthorized individuals to maintain the integrity of the patient information. An unauthorized individual would be any person that is not currently a volunteer or member of the organization. Any other disclosures may only occur at the direction may only occur at the direction of the President or by patient authorization.

I hereby agree to handle such information in a confidential manner at all times during and after my employment/volunteer and commit to the following obligations:

- ❖ I will use and disclose confidential health information only in connection with and for the purpose of performing my assigned duties.
- ❖ I will request, obtain or communicate confidential health information only as necessary to perform my assigned duties and shall refrain from requesting, obtaining or communicating more confidential health information than is necessary to accomplish my assigned duties.
- ❖ I will take reasonable care to properly secure confidential health information on my computer and will take steps to ensure that others cannot access such information.
- ❖ I will document all disclosures of confidential health information, including those authorized by clients of the AIDS Healthcare Foundation (AHF) and any accidental disclosures, in the appropriate client's file.

I have read and understand SPARK's policies with regards to privacy and security of personal health information. I agree to maintain confidentiality of all information obtained in the course of my duties including, but not limited to, financial, technical, propriety information of the organization, current or future business plans and models and personal and sensitive information regarding patients, employees, guests, volunteers and vendors, regardless of whether such information is designated as "Confidential Information" at the time of its disclosure. I understand that inappropriate disclosure or release of said information is grounds for termination.

It is understood and agreed to that the below identified discloser of confidential information contained within any SPARK meeting, event, and/or any gathering must be kept confidential. To ensure the protection of such information, and to preserve any confidentiality necessary under patent and/or trade secret laws, it is agreed that:

I understand that this document is written to be as broad and inclusive as legally permitted by the State of _____. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms. No other representations concerning the legal effect of this document have been made to me. This agreement shall not be modified orally.

Print Name

Signature

Date