



Prism Health North Texas Confidentiality Agreement

Please return signed and completed form along with your **volunteer application** to the Prism Health North Texas Volunteer Coordinator at volunteer@prismntx.org

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Mail To:

Prism Health North Texas
Attn: Volunteer Coordinator
351 West Jefferson Blvd., Suite 300
Dallas, TX 75208

For questions, please call 214.521.5191

The following policy applies to all Prism Health North Texas members including employees, volunteers, Board members, Agency associations, contractual or temporary individuals or personnel, trainees, students and interns.

It is the responsibility of all Prism Health North Texas members, as defined above, to preserve and protect confidential patient/client, employee and business information at all times to the utmost of their abilities. Protection of confidential information extends beyond the working, contractual or volunteer relationship with the Agency.

Confidential Patient/Client Information includes: Any individually identifiable information in possession or derived from a provider of health care regarding a patient's medical history, mental, or physical condition or treatment, as well as the patients/clients and/or their family members records, test results, conversations, research records and financial information. (Note: This information is defined in the Privacy Rule as "protected health information.") Examples include, but are not limited to:

- Patient/Client information (such as charts and other paper and electronic records, demographic information, contact information, conversations, admission/discharge dates, names of attending physicians, patient financial information, diagnoses, treatment, prognosis, etc.);
- All Patient/Client insurance and billing records;
- Visual observation of patients receiving services or accessing services; and
- Verbal information provided by or about a patient/client.

Confidential Members and Business Information includes, but is not limited to, the following:



- Prism Health North Texas members' (as defined above) social security number, home telephone number and address; family contact or personal information regularly observed as "private" by the individual themselves;
- Prism Health North Texas information (such as financial and statistical records, strategic plans, internal reports, memos, contracts, communications, proprietary information including computer programs, source code, proprietary technology, etc. that is not approved for public dissemination);
- Third-party information (such as insurance, business contracts, vendor proprietary information source code, proprietary technology, etc.);
- Other such information obtained from the Agency's records which if disclosed, would constitute an unwarranted invasion of privacy; and
- Disclosure of confidential business information that could or would cause harm to Prism Health North Texas and its clients.

1. I shall respect and strictly maintain the confidentiality of all discussions, deliberations, patient/client records and any other information generated in connection with individual patient/client care, risk management and/or peer review activities.
2. It is my legal and ethical responsibility to protect the privacy, confidentiality and security of all medical records and information, proprietary information and other confidential information relating to Prism Health North Texas and its affiliates, including business, employment and medical information relating to our patients, clients, members, employees and health care providers.
3. I shall only access or disseminate patient/client information in the performance of my assigned duties and where required by or permitted by law, and in a manner which is consistent with officially adopted policies of Prism Health North Texas, or where no officially adopted policy exists, only with the express approval of my supervisor or designee. I shall make no voluntary disclosure of any discussion, deliberations, patient/client records or any other patient care, peer review or risk management information, except to persons authorized to receive it in the conduct of Prism Health North Texas affairs.
4. I agree to discuss confidential information only in the work place and only for job related purposes and to not discuss such information outside of the work place or within hearing of other people who do not have a need to know about the information.
5. I understand that any and all references to individuals and HIV testing, such as any clinical test or laboratory test used to identify HIV, a component of HIV, or antibodies or antigens to HIV, are specifically protected under law and unauthorized release of confidential information may make me subject to legal and/or disciplinary action.



6. I understand that the law specially protects psychiatric and drug abuse records, and that unauthorized release of such information may make me subject to legal action beyond disciplinary action the Agency may take.
7. My obligation to safeguard patient/client, employee, and business information confidentiality continues after my termination of relationship, employment or association with Prism Health North Texas

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I hereby acknowledge that I have read and understand the foregoing information and that my signature below signifies my agreement to comply with the above terms. In the event of a breach or threatened breach of the Confidentiality Agreement, I acknowledge that Prism Health North Texas may, as applicable and as it deems appropriate, pursue disciplinary action up to and including termination of employment and/or affiliation with the Agency.

Print Name

Signature

Date