



Volunteer HIPAA Fact Sheet Acknowledgement Form

I have read and understand the Health Insurance Portability and Accountability Act of 1996 Volunteer Fact Sheet regarding the privacy of individually identifiable health information (or personal health information (PHI), as mandated by the HIPAA. In addition, I acknowledge that I have received training from ESMV concerning PHI use, disclosure, storage and destruction as required by HIPAA.

In consideration of my association with ESMV, I hereby agree that I will not at any time - either during my association with ESMV or after my association ends - use, access or disclose PHI to any person or entity, internally or externally, except as is required and permitted in the course of my association with ESMV as permitted under HIPAA. I understand that this obligation extends to any PHI that I may acquire during the course of my association with ESMV, whether in oral, written or electronic form and regardless of the manner in which access was obtained.

I understand and acknowledge my responsibility to apply ESMV policies and procedures during my volunteer service. I also understand that intentional, unintentional, or unauthorized use or disclosure of PHI may result in disciplinary action. This could include the termination of my volunteer service with ESMV. The imposition of civil penalties and criminal penalties under applicable federal and state law could also apply.

I understand that this obligation will survive the termination of my volunteer service with ESMV, regardless of the reason for such termination.

Volunteer Signature

Date

Volunteer Name (Printed)