

**Mid-Columbia Medical Center**  
**Volunteer Confidentiality and Nondisclosure Statement**

In the course of performing services as a volunteer on behalf of MCMC, you may have access to information not generally available or known to the public. Such information is confidential information that belongs to MCMC. Confidential information includes but is not limited to patient, customer, member, provider, group, physician, employee, financial, and proprietary information, whether oral or recorded in any form or medium.

As a volunteer for MCMC you are obligated to follow the Health Insurance Portability and Accountability Act policies (HIPAA) and procedures faithfully. That includes holding all confidential information in strict confidence with no disclosure in any form outside of the scope of service you perform for MCMC. You are also required to not access confidential information for which you have no legitimate need to know.

If you have any questions or doubt about any use or disclosure of individually identifiable health information or about your other obligations under these Health Insurance Portability and Accountability Act, the privacy rules or other federal or state law, consult our Compliance Officer (541.296.7524) or Volunteer Manager before you act.

Failure to comply with the terms of this confidentiality and nondisclosure statement or applicable MCMC confidentiality, privacy and/or security policies, may result in disciplinary action, and termination of your affiliation with MCMC.

Your signature here confirms your understanding of the importance of protecting patient information and your agreement to follow the HIPAA regulations in conjunction with our current confidentiality requirements. You hereby agree to be compliant with all other privacy, security, and transaction code requirements as outlined in the training you've received and any future HIPAA policies and procedures as developed by management.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_