



## CONFIDENTIALITY AND HIPAA PRIVACY ACKNOWLEDGMENT FORM

Volunteers, Interns or individuals participating in a shadowing experience, have the obligation to treat all information about Marion Eye Centers patients in a strictly confidential manner. In the course of your interactions at Marion Eye Centers you may be given information from a variety of sources including staff, patients and/or external partners. You are prohibited from discussing or sharing information with anyone who has no need to know the information. Discussing or electronically sharing confidential information with neighbors, friends, or relatives is prohibited.

Should you be approached by the media or be requested to speak to the media no information should be shared in reference to Marion Eye Centers Patients. When discussing positive aspects of your volunteer, internship or shadowing experience, please keep confidentiality in mind at all times and do not share names or other confidential information. No pictures of patients should be provided or taken by the media.

In certain circumstances you may be made aware of PHI (Protected Health Information). Understand that federal and state law, including the Health Insurance Portability and Accountability Act ("HIPAA"), protects the privacy and confidentiality of "protected health information" ("PHI").

PHI is defined as any information that identifies an individual and that relates to the past, present or future physical or mental health or condition of an individual or the provision of health care to an individual. PHI includes even the basic fact that an individual is a patient of our practice.

I agree to keep all confidential information, including PHI specific to Marion Eye Centers patients in strict confidence. I understand that failure to do so will result in termination of my participation in the volunteer, internship or job shadowing experience and may expose me to potential legal liability.

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Participant's Name

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Date

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Participant's Signature

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Address