



Bay County Council on Aging
Client Privacy and Confidentiality Disclosure

Dear Volunteer:

In order to comply with the Public Law 104-01 known as the Health Insurance Portability and Accountability Act (HIPAA), Bay County Council on Aging, Inc. is required to assure that the confidentiality of our clients and client records will be maintained by all entities with which Bay County Council on Aging will conduct business with.

Under Section 164.506 (C)(1) provides clients with the opportunity to restrict disclosure through mutual documentation between the agency and the client. Volunteers/Station Associates will be asked to sign this statement in acknowledgement and adherence of the following:

1. The Volunteer/Station Associate will take all appropriate safeguards to insure further disclosures of PHI.
2. The Volunteer/Station Associate will report any illegal disclosures to this agency.
3. In addition electronic transmission utilizing: facsimile and e-mail (must be sent in a confidential loop to a designated recipient.)
4. The Volunteer/Station Associate will not use Private Health information (PHI) for purposes other than billing or service for clients.
5. The Volunteer/Station Associate will assure the protection of PHI with Volunteers, Volunteer Stations or others who receive information concerning PHI from this agency.
6. The Volunteer/Station will return or destroy the PHI at the end of the contract with the agency.
7. The Volunteer has been trained in 03C1 Congregate Assessment Forms. _____/_____(initials)
volunteer / trainer

Volunteer Name (Print)

Volunteer Signature

Date
Revised 06/2019