

## HIPAA Compliance

- As a student/volunteer performing duties for the Greater Prince William Medical Reserve Corps (GPWMRC), you may have access to the protected health information (PHI) of the public. The fact that an individual is or was a patient of the Virginia Department of Health is also PHI.
- Federal and state laws, including HIPAA and our policies and procedures, protect the privacy and security of this PHI.
- It is illegal for you to use or disclose PHI outside the scope of your volunteer duties for the GPWMRC. This includes oral, written, or electronic uses and disclosures.
- ◆ You may use PHI as necessary to carry out your duties as a student/volunteer.
- ◆ You may share PHI with other health care providers for treatment purposes.
- ◆ You may NOT photocopy PHI.
- ◆ You must access only the minimum amount of PHI necessary to care for a patient or to carry out an assignment.
- ◆ You may NOT record PHI (such as patient names, diagnoses, dates of birth, addresses, phone numbers, etc.) on any forms you may need to take with you.
- ◆ You may only access the PHI of patients for whom you are caring/volunteering when there is a need for the PHI.
- ◆ Be aware of your surroundings when discussing PHI. For example, because others may overhear you, it is inappropriate to discuss PHI in bathrooms, lunch areas or in any other public place.
- ◆ When disposing of any documents with PHI, do NOT put them into a waste can. Instead, place discarded documents with PHI into containers marked for shredding.
- ◆ If you have questions about the use or disclosure of PHI, contact the health district's Privacy Officer.

## HIPAA STATEMENT/ACKNOWLEDGEMENT

I have read and understand the HIPAA information. I realize there are civil and criminal penalties for the unauthorized use and disclosure of PHI. I will abide by the guidelines when performing my duties at the Greater Prince William Medical Reserve Corps.

Printed Name: \_\_\_\_\_

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

Witness Name: \_\_\_\_\_

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

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

PLEASE RETURN COMPLETED, **SIGNED &** WITNESSED FORM TO GPWMRC COORDINATOR, C/O VOLUNTARY ACTION CENTER, 9248 CENTER STREET, MANASSAS, VA 20110 OR FAX TO (703) 369-5671. PLEASE RETAIN THE COMPLIANCE INFORMATION PAGE FOR YOUR RECORDS. THANK YOU!