



**HIPAA CONFIDENTIALITY AGREEMENT**

The regulations of the Privacy and Security Rules of the **Health Insurance Portability and Accountability Act**, also known as “**HIPAA**” (Public Law104-191) require Benevilla as a covered entity, to guard against unauthorized access to protected health information (PHI) and/or electronic protected health information (ePHI).

The privacy of the member and the family are of extreme importance. It is to be guarded by all parties. Information received from, or about, the member and family is confidential. It is to be used only to care for the member and family’s needs. Protection of this information is the responsibility of all.

Any information shared with other professionals for purposes of caring for the member requires a signed release of information statement from the member or his/her authorized representative.

The privacy of all parties, including board members, donors, prospective donors , staff, and volunteers is of extreme importance and is to be guarded. Information received from or about board members, donors, prospective donors, staff or volunteers is to be used only to support and benefit the functioning of the organization and the individual.

Confidential information includes, but is not limited to, marketing and sales objectives and strategies, member lists, information regarding member and vendor preferences and needs, confidential information regarding members, information regarding prospective members, details of past, pending and contemplated transactions, pricing policies, sales data, training materials, procedures, market data, compilations of technical/non-technical data, financial and other projections, and other information which is not generally known to or readily ascertainable through legitimate means by the public or by Benevilla’s competitors.

Every business associate, vendor, staff, volunteer, intern, and nursing student of Benevilla will be required to sign a HIPAA Confidentiality Agreement. This agreement will be filed in the appropriate records of Benevilla.

Signer shall not use any confidential information of Benevilla for his or her own benefit, or for the benefit of anyone other than Benevilla. All confidential information is in the strictest confidence both during and after service with Benevilla.

By signing below, you verify that you/your business agree to not use or disclose PHI or ePHI other than as required by law and further agree to use safeguards to prevent unauthorized use of disclosure of PHI or ePHI.

Printed Name \_\_\_\_\_ Business Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_