

# Volunteer Emergency Information Form



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

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

HUMAN RESOURCES  
1101 West College Avenue  
Spokane, WA 99201-2095

509.324.1461 | *PHONE*  
509.324.3604 | *FAX*  
509.324.1464 | *TDD*

[www.srhd.org](http://www.srhd.org)

## Emergency Notification Information

Person to notify first: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate: \_\_\_\_\_

Person to notify second: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate: \_\_\_\_\_



## HIPAA PRIVACY RULE ACKNOWLEDGEMENT

I acknowledge I have read and understand the following HIPAA regulations:

- HIPAA Privacy Compliance
- Who Is Covered By The HIPAA Privacy Rule
- What Is Protected Health Information
- What Is Minimum Necessary Information
- What Is The Notice Of Privacy Practices
- What Are Patient Privacy Rights
- What About The Privacy Rights of Minors
- What Must Administration Do To Comply
- What Happens To Those Who Don't Comply
- What Can You Do To Protect Patient's Privacy and Confidentiality

---

Volunteer Signature

---

Date

---

Please Print Name Clearly

**\* Please return ONLY this form. Thank you!**



# Oath of Confidentiality

(Revised Sept. 2013)

As a condition of my employment or service relationship with Spokane Regional Health District, I agree to the following:

I am bound by 42 Code of Federal Regulations (CFR), Part 2, federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 CFR, Parts 160 and 164, and by Revised Code of Washington (RCW) 70.96A, Treatment of Alcoholism, Intoxication, and Drug Addiction and (RCW) 70.24.80 and 70.24.084, Control and Treatment of Sexually Transmitted Diseases.

I certify not to divulge to any unauthorized third party, any information concerning a client, other than to another Spokane Regional Health District staff member, following the agency's Minimum Information Necessary policy, except when:

- a) I have written authorized consent for the release of such information from the client.
- b) I am reporting child abuse or neglect per RCW 26.44.
- c) I am reporting information concerning a crime, which is threatened to be committed either at the program, or against any person who works for the program.
- d) The disclosure is a requirement of a court order, or of federal or state laws and regulations.
- e) I am reporting a medical emergency that poses an immediate threat to the health of any individual and requires immediate medical attention.
- f) I am ordered by a court order, which satisfies the requirements of 42 CFR, Part 2.
- g) I am reporting a crime a patient has committed on the premises of/or against agency personnel.

I will consult with my Program Manager/Division Director/Privacy Officer for direction anytime I am unclear as to the interpretation of confidentiality regulations or the legality of requests made of me for information.

I agree to be bound by procedures for safeguarding client information, including:

- a) All charts, notes, and other written materials will be stored in a secure room or locked up when not in use.
- b) Discussions regarding clients will be held in staff offices or in other places providing assurance of privacy.
- c) No privileged information will be shared with other agencies, professionals, friends, or family members without prior written authorization from the client.

I understand all applicable federal and state statutes, regulations or laws pertaining to confidentiality must be followed. I also understand my Oath of Confidentiality and these requirements do not cease at the time I terminate my relationship with the Spokane Regional Health District. I agree to be permanently bound by this oath and by the regulations of confidentiality henceforth.

- d) I will deny acknowledgement of or requests for access to client files by anyone not employed by SRHD, and refer such requests to the Division Director or Agency Privacy Officer.

I understand that an unauthorized disclosure of client information or records may subject me to a civil action for damages of \$1,000 or three times the amount of actual damages sustained by a willful release of confidential information under RCW 71.05.440, or state and federal criminal prosecution in accordance with 42 CFR, Part 2 and 45 CFR, Parts 160 and 164 as follows:

**42 CFR, Part 2 Penalties**

- Not more than \$500 for the first offense and up to \$5,000 for each subsequent offense.

**45 CFR, Part 160 and 164 Penalties (as of September 2013)**

Type of Violation	Range of Amounts of CMP for Each Violation	All Such Violations of an Identical Provision in a Calendar Year
<u>Unknowning Violation</u> did not know and by reasonable diligence would not have known of the violation.	\$100 to \$50,000	\$1,500,000
<u>Reasonable Cause</u> committed a violation due to reasonable cause not willful neglect.	\$1,000 to \$50,000	\$1,500,000
<u>Willful Neglect, Corrected</u> committed a violation due to willful neglect but corrected in a timely manner.	\$10,000 to \$50,000	\$1,500,000
<u>Willful Neglect, Uncorrected</u> committed a violation due to willful neglect and not corrected in a timely manner.	\$50,000	\$1,500,000

**42 USC §1320 d.6.**

- \$1,000,000 maximum fine and 5 years imprisonment if offense is committed under false pretenses.
- \$250,000 maximum fine and 10 years imprisonment if offense is committed with intent to sell, transfer, or use the protected information for commercial advantage, personal gain or malicious harm.

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

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

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