

As volunteer or temporary staff member you are part of the EVMS Medical Group workforce. As a member of the EVMS Medical Group workforce, all HIPAA Privacy and Security rules apply to you in your job functions at EVMS Medical Group.

Even though you may not have direct contact with EVMS Medical Group patients, your involvement at EVMS Medical Group means that you may see or hear things about our patients, students, staff or faculty.

You have an obligation to keep all medical information and other non-medical information confidential. The fact that someone is a patient at EVMS Medical Group is also confidential information.



It is illegal for you to use or disclose this confidential information outside the scope of your job functions at EVMS Medical Group. This includes verbal, electronic or written disclosures made to or by others.

Here are a few things to remember:

- **Protect all information at EVMS Medical Group as if it is confidential.**
- **Dispose of confidential information only in approved receptacles.**
- **Always use fax coversheets when faxing confidential information.**
- **Do not share your password with anyone, for any reason.**
- **You may not access confidential information not needed to perform your job functions.**
- **Always log off computer systems when not in use, even if you are away just briefly.**
- **Be aware of your surroundings when discussing confidential information with anyone. It is inappropriate to discuss patient information in elevators, stairwells, cafeteria, etc.**
- **Do not photograph patients or confidential information.**
- **Never remove confidential information from EVMS Medical Group facilities without permission by your supervisor.**

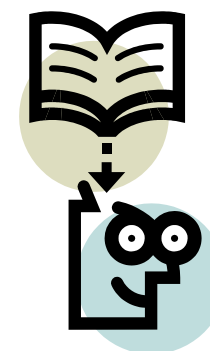
EVMS Medical Group

HIPAA

Privacy & Security

For

**Volunteers &
Temporaries**



What you need to know...

EVMS
MEDICAL GROUP

EVMS Medical Group Confidentiality Statement

Confidential Information

I understand that EVMS Medical Group patients expect to communicate with health care practitioners with confidence that none of the information communicated will be released without prior appropriate authorization.

I understand that the information considered confidential involves all reports within any records, medical or otherwise and automated information systems concerning medical/health care examinations, tests, treatments, observations and diagnosis of the patient/employee/student. It also includes information I learn in conversations with the patient/employee/student. I understand that patient demographic information, including all specific financial data, is private.

I understand that employee human resource/payroll information will be released only according to EVMS guidelines.

I understand that information about physician/health care professional credentialing, quality assurance, research, utilization management, risk management and the business information of the organization are to be treated as confidential and may be released only by those authorized.

Duties and Obligations

I understand and agree that as a volunteer or temporary employee of EVMS Medical Group, I must hold certain confidential information in strict confidence, regardless of method of communication, included but not limited to hard copy, faxed, electronically transmitted, oral conversations or any printed data. This confidence must be kept when performing my duties, as well as during breaks, rest periods and time away from EVMS Medical Group. **I understand that I may not seek access to or release written or computerized confidential information unless my work/educational assignment specifically authorizes me to do so.**

I understand that discussions concerning confidential information shall not occur in hallways, elevators or other public areas where someone not authorized to receive the information can inadvertently overhear confidential information. I understand that when I discuss the information, I must take precautions so that unauthorized persons will not overhear my discussion.

Access Codes

I understand access codes to be any device (i.e. key, badge) or data (i.e. combinations, PINs) provided to me so I can gain access to a location or information. I understand that all access codes are confidential. I am not permitted to provide, post, share or otherwise release access codes. If I should provide, post, share or release an assigned

access code, I am responsible for any consequences and may be placed in the disciplinary process by EVMS Medical Group.

Electronic Signature

I understand that the combination of logon and password codes form my electronic signature. Divulging my password code or that of another, or utilizing the password code of another or allowing someone to use mine is not permitted. If I leave the work area, I will sign off the application/system to prevent unauthorized access.

Consequences for Violation

I understand that violation of the terms of this statement may result in my immediate dismissal and possible legal sanctions.

Volunteer Temporary

Signature

Date

Supervisor (Name)

Department

Supervisor Signature

**Original to be maintained within the department. A copy should be forwarded to the Privacy Office, 4111 Monarch Way, Suite 500, Norfolk, VA 23508
Tel. 451-6298**

Effective 2.20.04; revised 8.2009