



Weber Morgan Medical Reserve Corps (MRC)
477 23rd Street
Ogden, Utah 84401
801-399-7100 or 801-399-7128

WMMRC POLICIES: HIPAA CONFIDENTIALITY

The following information explains and governs your use and exposure to confidential health information as a volunteer for the Weber-Morgan Medical Reserve Corps (WMMRC). If you have any questions regarding this information you should consult the WMMRC Coordinator.

As used herein, the following terms shall have the following meanings:

1. **“Confidential Information”** includes any information, regardless of the manner in which it is communicated or maintained (e.g., oral, paper, electronic), received by WMMRC or any of its agents that falls into one or more of the following categories:
 - a. **Protected Health Information:** Information (e.g., medical records) relating to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual. Protected health information includes demographic information (e.g., address, telephone number, and employer, date of birth, next of kin, and identification numbers).
 - b. **Personnel Information:** Information relating to a person’s status as a member of the WMMRC workforce, including but not limited to compensation, employment records, accommodations, performance reviews, and disciplinary actions.
 - c. **Business Operations Information:** Information relating to the WMMRC or WMHD operations, including but not limited to financial and statistical records, strategic plans, internal reports, memos, contracts, pricing, staffing levels, supplier information, remote site information, peer review information, communications, proprietary computer programs, source code, and proprietary technology.
 - d. **Third Party Information:** Information belonging to a third party utilized by WMHD or WMMRC for limited purposes pursuant to an agreement with the third party, including but not limited to computer programs, client and vendor proprietary information source code, and proprietary technology.
2. **“Receive,” “Receiving,”** and **“Receipt”** means, with respect to Confidential Information, to come into possession, custody, or control; to perceive; to create; to gain the ability to come into possession, custody, or control; or to gain the ability to perceive Confidential Information in whatever form (oral, visual, written, electronic, or otherwise).
3. **“Use”** means, with respect to Confidential Information, accessing, reviewing, employing, applying, utilizing, or analyzing such information, or sharing or discussing such information with other members of the WMMRC volunteer workforce.

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4. **“Disclose”** means, with respect to Confidential Information, the release, transfer, provision of access to, or divulging in any other manner such information to a person or entity who is not a member of the WMMRC volunteer workforce.
5. **“Health Agency’s Workforce”** includes employees and other persons (i.e., volunteers) whose conduct, in the performance of volunteer work for WMMRC, is under the direct control of Weber-Morgan Health Department whether or not they are compensated for such services. Independent contractors, dentists, and employers with which WMHD has entered into agreements are not part of its workforce.
6. **“Computer Systems”** includes computer files, computer hard drives, local area network, wide area network, mainframe, electronic mail, internet access, intranet access, electronic medical records, and electronic order entry.

In performing your volunteer duties, you may receive or create Confidential Information. As a condition of and in consideration of your receipt of Confidential Information, you agree to the following:

1. You understand that you have no right or ownership interest in any Confidential Information which you may receive. WMMRC may, at any time and for any reason, revoke your password, access code, or any other authorization you may have that allows you to receive Confidential Information in any form.
2. You understand that your obligations under this Agreement will continue after termination of your volunteer relationship with the WMMRC. You understand that your privileges hereunder are subject to periodic review, revision, and if appropriate, renewal.
3. The use and disclosure of Confidential Information is governed by Federal and State laws and regulations as well as WMMRC policies and procedures. The purpose of these specific requirements is to guarantee that Confidential Information remains confidential, i.e., such information shall be used and disclosed only as necessary to accomplish the WMMRC mission. You shall be familiar with and adhere to all of these requirements concerning Confidential Information.
4. You shall actively participate in educational opportunities made available to you concerning proper safeguards for Confidential Information and uses and disclosures of Confidential Information as part of your volunteer duties.
5. If you have any questions concerning whether certain information constitutes Confidential Information, you shall bring the matter to the Weber-Morgan Medical Reserve Corps Coordinator for direction.



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6. You shall use and disclose Confidential Information only to the extent necessary to perform your volunteer duties. Such use and disclosure shall be in a manner consistent with applicable WMMRC policies and procedures. Your use or disclosure of Confidential Information for any reason other than the performance of your volunteer duties or your failure to conform to applicable policies and procedures shall constitute misuse of Confidential Information may be grounds for removal from your volunteer position with the WMMRC and/or initiation of legal action against you.
7. Weber-Morgan Medical Reserve Corps is committed to protecting the privacy of those persons for whom it provides services. To fulfill its commitment, WMMRC prohibits members of its volunteer workforce from discussing any information relating to persons except as necessary to perform their specific volunteer duties. You shall not engage in conversations concerning the fact that a person is, or has been, a patient of Weber-Morgan Medical Reserve Corps concerning any information relating to such persons, e.g., diagnosis, procedures, outcome, payment.
8. If you have any questions concerning whether your volunteer duties permit you to use or disclose certain Confidential Information in a particular manner, you shall report to the person supervising your volunteer work or the WMMRC Coordinator for direction. If you have any question concerning the application of a particular policy or procedure to a particular use or disclosure of Confidential Information, you shall bring the matter to the WMMRC Coordinator as soon as possible.
9. You shall appropriately safeguard Confidential Information so as to prevent any inappropriate use or disclosure of such information. If you have reason to believe the confidentiality of information may have been compromised, you shall report such concerns to the WMMRC Coordinator as soon as possible.
10. In performing your volunteer responsibilities, you shall not knowingly include or cause to be included in any record or report a false, inaccurate, or misleading entry. Nor shall you make or cause to be made any false, inaccurate, or misleading statement to any person. If you become aware of false, inaccurate, or misleading information contained in any record or report, or a false, inaccurate, or misleading statement, you shall report the matter to the person supervising your volunteer work and cooperate in taking all steps necessary to correct the record, report, or statement pursuant to Weber-Morgan Medical Reserve Corps policies and procedures.
11. You shall comply with WMMRC policies and procedures concerning the alteration, deletion, or destruction of Confidential Information in any form. If you have any question concerning such policies and procedures, you shall bring the matter to the person supervising your volunteer work for direction. If you have any reason to believe

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such policies and procedures have been violated, you shall report such concerns to the person supervising your volunteer work or the WMMRC Coordinator as soon as possible.

12. You shall understand that WMMRC may monitor each and every time its computer systems are accessed. You understand that any action you take in these computer systems may be tagged and such actions may be traced back to you.
13. You shall respect the ownership of proprietary software. For example, you shall not make unauthorized copies of any software for your own use, even if the software is not physically protected against copying, nor shall you operate any non-licensed software on any computer provided by Weber-Morgan Medical Reserve Corps.

By signing this document, you certify that you have reviewed the foregoing HIPAA Confidentiality Agreement, have been provided with an opportunity to ask questions concerning its terms, and understand the duties and obligations it imposes on you. You hereby agree to the duties and obligations as stated in this Confidentiality Agreement. You understand that this signed and dated document will become part of your volunteer file.

Signature of Volunteer

Date

Printed Name of Volunteer