

Grant Rehabilitation and Care Center
27 Early Avenue
Petersburg, WV 26847
(304) 257-4233
Volunteer HIPAA Compliance Signature Form

Volunteer: _____ Date: _____
Print Name

MY COMMITMENT TO COMPLIANCE

I have been instructed regarding Grant Rehabilitation and Care Center HIPAA (Privacy Rule) policy. I will comply with these requirements to the best of my ability, and will immediately let the HIPAA Privacy Officer know if I have any questions or concerns about a potential privacy disclosure. I understand that I cannot disclose resident's personal health information to any persons outside the facility staff and that any such disclosure by me is prohibited. I have been told of the penalties that may result in the event that I would disclose protected health information.

I agree that I will do my best to prevent the disclosure of protected health information of the residents of Grant Rehabilitation and Care Center. In the event that I have questions concerning the privacy rules, I will ask the privacy officer for direction.

I agree with our policy and will do all I can to comply with all regulatory laws pertaining to Protected Health Information. I understand that the Administrator and Privacy Officer have an open door policy and I may discuss any problems I feel may occur with Protected Health Information, without worry of recourse, with Administration or the Privacy Officer.

Signature of Volunteer Date Signature of Compliance Date
Officer

INFORMATION SHEET ON HIPAA PRIVACY RULE

We now have a federal law known as the Health Insurance Portability and Accountability Act of 1996. This federal law is known as HIPAA.

This regulation has three major purposes:

1. To protect and enhance the rights of consumers by providing them access to their health information and controlling the inappropriate use of that information.
2. To improve the quality of health care in the U.S. by restoring trust in the health care system among consumers, health care professionals, and the multitude of organizations and individuals committed to the delivery of care: and
3. To improve the efficiency and effectiveness of health care delivery by creating a national framework for health privacy protection that builds on efforts by states, health systems, and individual organizations and individuals.

One part of this law deals with the Privacy Standards that were enacted pursuant to Title II, subtitle F., section 261-264 of HIPAA or the APrivacy Rule.@ This Privacy Rule must be compiled with on April 14, 2003. This means all resident health information is subject to federal and state privacy laws, which prohibit the unauthorized disclosure of any health information to anyone.

This law (HIPAA) requires that we adopt policies and procedures to protect he health information of our residents. Grant Rehabilitation and Care Center has always valued the privacy rights of its residents and has always taken pride in our efforts to protect those rights.

The Privacy Rule applies to any Aindividually identifiable health information@ that is transmitted or maintained by a covered entity.

We have taken steps to assure the privacy and security of Personal Health Information within the facility and with those whom we are required to provide information concerning our residents. These steps to assure privacy and security of the Personal Health Information of our residents and volunteers need to follow or comply with to protect the Personal Health Information of our residents.

We truly appreciate your cooperation in protecting our resident=s health information as your come to our facility to volunteer your services on behalf of our residents.