Volunteer Confidentiality Agreement

The Arc of East Central Iowa is legally bound to abide by the Health Insurance Portability and Accountability Act (HIPAA). In addition, The Arc is ethically obligated to abide by Federal and State Confidentiality Laws. Any individual who volunteers with The Arc of East Central Iowa is responsible for maintaining the confidentiality of both the consumers and employees of the agency throughout the duration of their volunteer time and following separation from The Arc.

All information concerning a consumer and his/her family as well as an employee of The Arc is confidential and should not be shared with anyone other than Arc supervisory staff or a relief staff with a specific need to know. This includes, but is not limited to, sharing information about one family with another family, having consumer or employee documents where others can see them, or indicating that a family receives services through The Arc.

The very fact that an individual is served or an individual is an employee must be kept private and confidential.

It is important to note that a consumer’s or employee’s right to confidentiality is not absolute if one or more of the following criteria are established: the individual poses an immediate danger to themselves or to another designated individual.

The Arc requires that all volunteers sign this Confidentiality Statement as a condition of their volunteer status. Should an occasion arise in which the volunteer is unsure of obligations under this policy, it is their responsibility to consult with the person who is supervising their volunteer experience.

I hereby acknowledge that I have read and understand the aforementioned information regarding consumer and employee confidentiality. I agree to adhere to the HIPPA and Confidentiality requirements of The Arc of East Central Iowa both during and upon completion of my volunteer time.

Volunteer Full Legal Name (Printed): ____________________________________________

Volunteer Signature: ___________________________________ Date: ______________