

HIPAA CONFIDENTIALITY STATEMENT

In order to comply with the Health Insurance Portability and Accountability Act (HIPAA), it is the policy and practice of Easter Seals Colorado that all patient and/or client information, including the identity of individuals is held in strict confidence. It is also the policy that all staff and volunteers sign this affidavit indicating agreement with its stipulations.

I agree to maintain the confidentiality of all patient/client information (Protected Health Information – PHI), whether in paper, electronic, verbal, or other format, including the identity of any individuals who is a client, camper or crew member of Easter Seals Colorado programs. Breach of confidentiality is described as conveying information on any aspect of any patient's treatment or identity, in all settings, to anyone outside the Easter Seals Colorado. This includes any patient and/or client by name, address, telephone number or social security number, or any other identifying information. Protected Health Information may not be shared, without the camper's/client's/ crew member's authorization and then only with those having a direct need for such information and as allowed under the Easter Seals Colorado HIPAA Privacy Rule. This is in accordance with the CDHS Policies and Procedures; Confidentiality of Alcohol and Drug Abuse Records, 42 CFR, Part 2, and the Final CDHS HIPAA Privacy and Security Rules.

I have read this Confidentiality Statement and understand and concur.

Signature

Date/Time