

## VOLUNTEER CONFIDENTIALITY STATEMENT

***As a volunteer with the New York State Dental Association's (NYSDA) Volunteer Dental Demonstration Project, I understand the following:***

1. I will be given access to confidential protected health information (PHI) regarding patients of the Practice
2. That use and disclosure of the PHI is subject to specific rules and restrictions under the Privacy Rules of the Health Insurance Portability and Accountability Act of 1996 (the HIPAA Privacy Rules)
3. That the NYSDA Volunteer Dental Demonstration Project and all members of its "workforce" (which includes me as a volunteer) must abide the HIPAA Privacy Rules; and
4. Under the HIPAA Privacy Rules, the NYSDA Volunteer Dental Demonstration Project is obligated to make certain that the members of its workforce abide by the HIPAA Privacy Rules and, in situations where a member of the workforce violates the HIPAA Privacy Rules, the NYSDA Volunteer Dental Demonstration Project is obligated to immediately respond, and such response may include immediate suspension or termination of volunteer involvement.

***Accordingly, I agree to the following:***

1. I will keep myself aware of the requirements of the HIPAA Privacy Rules by participating in any educational activities conducted by the practice which include, for example, participating in any training sessions and receiving and reading any training or other educational materials.
2. I will maintain the confidentiality of the PHI in accordance with the requirements of the HIPAA Privacy Rules; and
3. I understand that if I violate the HIPAA Privacy Rules, the NYSDA Volunteer Dental Demonstration Project may discipline me for such activity, and such discipline may include immediate suspension and/or termination of volunteer involvement, irrespective of any rights that I may or may not have regarding the continuation of my volunteer involvement.

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Signature of Volunteer

Date