

BraveHearts Therapeutic Riding & Educational Center

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**HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)
STAFF CONFIDENTIALITY AGREEMENT**

VOLUNTEER/UNPAID STAFF AGREEMENT

I acknowledge that during the course of performing my assigned duties at BraveHearts Therapeutic Riding & Educational Center, I may have access to, use, or disclose confidential health information. I hereby agree to handle such information in a confidential manner at all times during and after my association with BraveHearts Riding & Educational Center, and I commit to the following obligations:

1. I will use and disclose confidential health information only in connection with, and for the purpose of, performing my assigned duties;
2. I will request, obtain or communicate confidential health information only as necessary to perform my assigned duties and shall refrain from requesting, obtaining, or communicating more confidential health information than is necessary to accomplish my assigned duties.
3. I agree that I will not discuss information that I know to be confidential with other staff members, nor will I discuss issues related to student health, or any other confidential matter, with any person or persons unrelated to BraveHearts Therapeutic Riding & Educational Center. I will not personally seek information from family members/caregivers of students that is of a personal or confidential nature.

I understand that as an unpaid staff member (i.e., volunteer), of BraveHearts Therapeutic Riding & Educational Center (a therapeutic equine center), the use and disclosure of student information is governed by the rules and regulations established under HIPAA (the Health Insurance Portability and Accountability Act of 1996). Therefore, with regard to student information, I commit to the following additional obligations:

1. I will use and disclose confidential health information solely in accordance with Federal policies and the policy of BraveHearts Therapeutic Riding & Educational Center. I also agree to familiarize myself with any periodic updates or changes to such policies in a timely manner.
2. I will immediately report any unauthorized use or disclosure of confidential healthy information that I become aware of to one of the following: the Director of Equine Therapy; one of the Certified Riding Instructors; the Director of People Relations; or the Executive Director.

I also understand and agree that my failure to fulfill any of the obligations set forth in this Agreement, and/or my violation of any terms of this Agreement, shall result in my being subject to being permanently barred from the premises of BraveHearts Therapeutic Riding & Educational Center.

Signature _____

Printed Name: _____

Date of Signature: _____

Witness: _____

Date of Witness Signature: _____