



HIPAA Confidentiality Agreement

As a workforce member (as defined under HIPAA) of Inspiration Stables, Inc., I understand that I may have access to certain confidential, health, financial, proprietary, research, patient or operational information of Inspiration Stables, Inc., its employees and the patients and their families (collectively known as "Confidential Information"). I further acknowledge that Inspiration Stables, Inc. has a legal and ethical obligation to protect this Confidential Information. This same obligation applies to me while as a volunteer or employee of Inspiration Stables, Inc.

In recognition of this responsibility, which constitutes an essential function as a volunteer or employee of Inspiration Stables, Inc., I agree as follows:

1. All Confidential Information at Inspiration Stables, Inc. shall be treated as confidential. I will not access or seek to gain access to Confidential Information of any nature whatsoever except in the course of fulfilling my responsibilities.
2. I agree not to discuss participant, human resources, payroll, fiscal, research or business information or other Confidential Information where others can overhear the conversation, e.g., in hallways, on elevators, in the cafeterias, on the shuttle buses, on public transportation, at restaurants, at social events. It is not acceptable to discuss clinical or participant information in public areas even if a participant's name is not used. This can raise doubts with participants and visitors about our respect for their privacy.
3. If, in the course of performing my responsibilities, I accidentally access information or Confidential Information that might be considered inappropriate for me to access, I will notify the Operations Manager or Executive Director, immediately of the date and time of the access so that if a question arises at a later time, it will be understood that the access was accidental. I will not disseminate any such information without proper authorization.
4. I will not use another person's sign-on or computer password or allow another individual to use my sign-on or computer password to gain access to Confidential Information or information which may be considered confidential without proper authorization. I will not disclose Confidential Information to those who are not authorized to receive it. In addition, I will not, without proper authorization, copy or preserve in written, electronic, or any other form Confidential Information, nor will I disseminate any such information without proper authorization. If I am in doubt about whether the authorization provided is "proper", I will consult the Operations Manager or Executive Director for guidance. These obligations shall continue both during and after termination of membership in volunteer or employ with Inspiration Stables, Inc..
5. I understand that I am responsible for all activity logged under my username and that I should always lock or log off of any computing device prior to leaving the device unattended. I agree to follow Inspiration Stables, Inc.'s E-mail, Internet and Electronic Protected Information policies, which include all use of Social Media (e.g. Twitter and Facebook).
6. Violation of this Agreement may subject me to corrective action, up to and including termination, as well as penalties and legal action by state and/or federal agencies.

My signature below acknowledge that I understand the obligations imposed upon me by this Agreement, and I agree to comply with all the terms of this Agreement.

Signature: _____ Date: _____

Volunteer, Parent or Legal Guardian