



Family Care Center

270 W. Jackson St. ♦ P.O. Box 713, Cicero, IN 46034-0713

Phone: 317.984.3444 Fax: 317-984-5707

**Acknowledgement of HIPAA Compliance Mandates for
HOPE Family Care Center, Inc.**

By signing below, I hereby agree to the Healthcare Portability and Administrative requirements of HOPE Family Care Center, Inc. effective within the privacy standards February 21, 2004. Within HOPE Family Care Center, Inc. entities I agree to:

→Follow HOPE Family Care Center, Inc. policies related to privacy and protection of patient protected healthcare information (PHI) when conducting business within the facility or entity of HOPE Family Care Center, Inc.

→Follow the minimum necessary regulation of HIPAA as defined within my job classification to include information needed to perform treatment and carry out the accepted use of payment, treatment or healthcare operation as an employee or volunteer of HOPE Family Care Center, Inc.

→Maintain the necessary safeguards to protect patient information from disclosure by keeping information away from view, kept in secure areas when stored, and destroyed when no longer necessary.

→Be solely responsible when taking information generated by HOPE Family Care Center, Inc. off the premise, which leads to an incidence of inappropriate disclosure. I understand this will likely lead to immediate dismissal/legal repercussion based on HIPAA regulatory sanctions.

→Contact the appropriate Privacy Officer for further clarification or authorization when using PHI for any reason other than payment, treatment, or healthcare operations.

→Keep Protected Healthcare Information from disclosure to outside vendors unless the appropriate agreements are signed allowing such disclosures.

→Follow the Notice of Privacy Practices established for HOPE Family Care Center, Inc. effective February 21, 2004.

Signature of Volunteer

Date

Print Name