

CHS Healthcare (Collier Health Services, Inc.)
1454 Madison Ave.
Immokalee, Florida 33943
Phone (239) 658-3000

Volunteer Program Confidentiality Form

As a volunteer at CHS Healthcare., I understand and agree that I must abide by the same standard of patient confidentiality as all CHS employees including the standard of HIPAA: the Health Insurance Portability and Accountability Act.

I understand that all patient information is confidential by law. Patient information *includes but is not limited to* the following:

Patient Name	Patient Contact Information
Patient Date of Birth	Patient Medical Information
Patient Address	Patient Prescription Information
Patient Phone Number	Name of Patient's Doctor
Patient Social Security Number	Reason for Patient's Visit

Volunteers are prohibited from discussing patient information with persons other than those directly involved in the patient's care. As permissible, all conversations should be held in the utmost private manner, away from others who could overhear information.

Breach of confidentiality is very serious and carries with it the possibility for disciplinary action, legal and financial penalties. ***Please keep all patient information confidential.***

Volunteer Signature

Date