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## Access and Confidentiality Agreement

As a volunteer of The Friends of AIDS Foundation I will have access to confidential information about The Friends of AIDS Foundation's clients. The purpose of this agreement is to help me understand my duty regarding confidential information. Confidential information includes client information, HIV/AIDS status, medical records and client service records. I may learn of or have access to some or all of this information through a computer system, case files or conversations. Confidential information is valuable and sensitive and is protected by law and by strict policies of The Friends of AIDS Foundation. The intent of these laws and policies is to assure that confidential information remain confidential. As a volunteer I am required to conduct myself in strict conformance to applicable laws and The Friends of AIDS Foundation policies governing confidential information. The violation of these confidential duties will subject me to legal liabilities.

Accordingly, as a condition of and in consideration of my access to confidential information, I PROMISE THAT:

**(Initials)**

\_\_\_\_\_ I will use confidential information only as needed to perform my legitimate duties as a volunteer receiving information from The Friends of AIDS Foundation. I will only access the information pertinent to the duty asked of me. I will not in any way divulge, imply, copy, release, sell, loan, review, alter, misuse or destroy any confidential information except as properly authorized by The Friends of AIDS Foundation.

\_\_\_\_\_ I will report activities by any individual or entity that I suspect may compromise the confidentiality of The Friends of AIDS Foundation's clients.

\_\_\_\_\_ I understand that I have no legal right or ownership interest in any confidential information referred to in this Agreement. The Friends of AIDS Foundation may at any time revoke my authorization or access to any information.

### **Oath of Confidentiality**

I, \_\_\_\_\_, hereby affirm that all client information which I obtain shall be kept confidential, except in those circumstances *authorized in writing by the client* or pursuant to the provisions of the California Confidentiality of Medical Information Act of 1981, sections 56 et seq and the Health Insurance Portability and Accountability Act of 1996. This requirement shall apply to all personal, social and medical information gathered in the course of the volunteer service. Any client information obtained by the volunteer shall not be shared with the client's family members, friends, other volunteers of The Friends of AIDS Foundation, or my friends and family, *unless specified by the client*.

I am aware that this affirmation, executed on \_\_\_\_\_ is made under the penalty of perjury under the laws of the state of California, United States of America.

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Signature of Volunteer

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Print Name