

**Confidentiality of Detainee, Volunteer
and AID NW Business Information &
Computer Use Agreement**

Send completed form via email
to visitation@aidnw.org or via mail to AID NW
621 Tacoma Ave S, Suite 315, Tacoma, WA 98402

Volunteer Visitor Confidentiality Agreement

STATEMENT OF POLICY

It is the legal and ethical responsibility of all AID NW volunteers to use personal and confidential patient, employee and AID NW business information (referred here collectively as “confidential information”) in accordance with the law and AID NW policy, and to preserve and protect the privacy rights of the subject of the information as they perform their AID NW volunteer duties. Medical Information including Protected Health Information (PHI) is maintained to serve the patient, health care providers, health care research and to conform to regulatory requirements.

Laws controlling the privacy of, access to and maintenance of confidential information include, but are not limited to, the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), State of Washington Statutes, RCW 7.70.065 Informed Consent, RCW 70.02.050 Release of Medical Records, RCW 71.05.390 Release of Psychiatric Records. These and other laws apply whether the information is held in electronic or any other form, and whether the information is used or disclosed orally or in writing.

Confidential information includes information that identifies or describes an individual and the disclosure of which would constitute an unwarranted invasion of personal privacy. Examples of confidential detainee, employee, volunteer and AID NW business information include home address and telephone number; medical information; legal information; birth date; citizenship; A-Number, social security number; spouse/partner/relative’s names; income tax withholding data and performance evaluations; risk management information and activities; or other information the disclosure of which would constitute an unwarranted invasion of privacy.

The term “medical information” includes the following whether electronically stored or transmitted information: medical and psychiatric records, including paper printouts, photos, videotapes, diagnostic and therapeutic reports. The term “legal information” includes the following whether electronically stored or transmitted information: Alien Number (A-No.), ICE charging documents, Notices to Appear (NTAs), Immigration Court hearing notices, information obtained from the Immigration Court System Case Status Line, legal memorandum, criminal records and referrals from individual attorneys or AID NW participants such as Northwest Immigrant Rights Project (NWIRP) and KIND, Kids in Need of Defense, formerly known as Volunteer Advocates for Immigrant Justice (VAIJ).

ACKNOWLEDGEMENT OF RESPONSIBILITY

I understand and acknowledge that:

It is my legal and ethical responsibility as an authorized user to preserve and protect the privacy, confidentiality and security of all medical records, proprietary and other confidential information relating to AID NW, detainee clients and their families and AID NW affiliates, in accordance with the law and AID NW policy.

I agree to access, use or disclose confidential information only in the performance of my AID NW volunteer duties, when required or permitted by law, and to disclose information only to persons who have the right to receive that information. When using or disclosing confidential information, I will use or disclose only the minimum information necessary.

I agree to discuss confidential information only in the capacity of my NWDC volunteer work and for AID NW-related purposes. I will not knowingly discuss any confidential information within the hearing of other persons who do not have the right to receive the information. I agree to protect the confidentiality of any medical, proprietary or other confidential information which is disclosed to me in the course of my relationship with AID NW.

I understand that detainee legal records, criminal records, mental health records, drug abuse records, and any and all references to HIV testing, such as clinical tests, laboratory or otherwise, used to identify HIV, a component of HIV, or antibodies or antigens to HIV, are specially protected by law and require specific authorization for release.

I understand that my access to all AID NW electronic information systems is subject to audit in accordance with AID NW policy. I understand that it is my responsibility to follow safe computing guidelines. To this end, I agree not to share my Login or User ID and/or password with a faculty member, employee, house staff, student, volunteer, contractor, or any other person and that any access to AID NW electronic information systems (including mobile devices) made using my Login or User ID and password is my responsibility. If I believe someone else has used my Login or User ID and/or password, I will immediately report the use. I understand that my User ID(s) constitutes my signature and I will be responsible for all entries made under my User ID(s). I agree to always log off of shared workstations.

I understand that under provisions of the Federal HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) OF 1996, and/or any of the AID NW's policies and procedures related to confidential information or of any state or federal laws or regulations governing a patient's right to privacy, intentional and/or malicious release of protected health information or involuntary violation of confidentiality may subject me to legal and/or disciplinary action up to and including immediate termination from my employment/professional relationship with AID NW, fines and imprisonment. Violation of Local, State or Federal statutes may carry the additional consequence of prosecution under the law. In addition I understand that I may be personally liable for harm resulting from my breach of this Agreement.

I have read the above STATEMENT OF POLICY AND ACKNOWLEDGEMENT OF RESPONSIBILITY:

VOLUNTEER NAME (PRINTED)	VOLUNTEER SIGNATURE	DATE
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