

Hope Street Free Clinic (HSFC) Confidentiality Agreement

1. Purpose

The purpose of this Agreement is to ensure that all confidential information related to HSFC, its patients, staff, and operations is protected and not disclosed to unauthorized persons.

2. Confidential Information

Confidential Information includes, but is not limited to:

- Patient medical records, treatment information, and personal health data.
- Personal and financial information of patients, staff, and volunteers.
- Operational policies, procedures, and internal reports.
- Any other information designated as confidential by HSFC.

3. Obligations of the Recipient

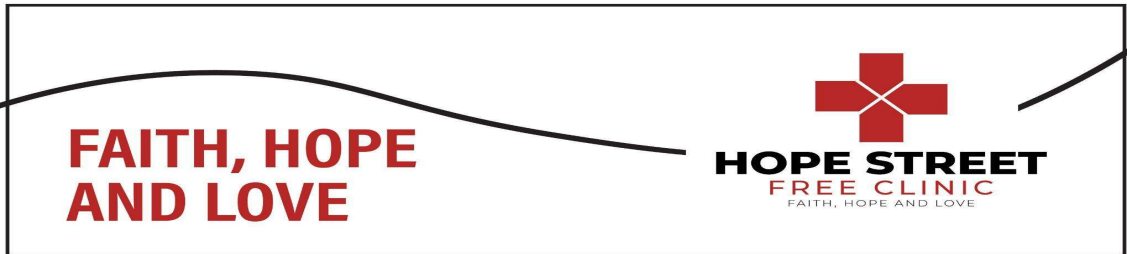
The Recipient agrees to:

- Maintain strict confidentiality of all Confidential Information.
- Not disclose or share Confidential Information with any unauthorized individuals or entities.
- Use Confidential Information solely for the purpose of performing assigned duties at HSFC.
- Follow all applicable laws and regulations, including HIPAA (Health Insurance Portability and Accountability Act) guidelines.

4. Exceptions

Confidential Information does not include information that:

- Was publicly available at the time of disclosure.
- Becomes publicly available through no fault of the Recipient.
- Is required to be disclosed by law, court order, or governmental authority, provided that HSFC is given prior notice and an opportunity to object to such disclosure.



5. Duration of Confidentiality

The obligation to maintain confidentiality shall continue indefinitely, including after the termination of the Recipient's employment, volunteer service, or association with HSFC.

6. Consequences of Breach

A breach of this Agreement may result in disciplinary action, including termination of employment or volunteer status, legal action, and liability for any damages caused by unauthorized disclosure.

7. Acknowledgment & Agreement

By signing below, the Recipient acknowledges understanding and acceptance of the terms of this Agreement and agrees to comply with its provisions.

Name: _____

Signature: _____

Date: _____

Parent name and Signature if under 18yrs:

Date: _____