**SENIOR NUTRITION SERVICES dba**

**MEALS ON WHEELS OF SW MICHIGAN**

**CONFIDENTIALITY AGREEMENT**

Senior Nutrition Services Region IV dba Meals on Wheels of SW Michigan adheres to the rules contained in the Health Insurance Portability and Accountability Act, known as HIPAA. This act covers the confidentiality and privacy of client’s health information. This covers any information identifying a client by name, address and any health or service information they may be getting ,including delivery of meals and eating meals at senior centers.

Information may only be shared with Senior Nutrition Services/Meals on Wheels of SW Michigan **staff** unless we have specific, written release to share information with other agencies, including senior center staff. Any information a volunteer may learn in the course of doing their work including, but not limited to client’s name and/or address, dietary requirements, medications taken, medical conditions or health care received must remain completely confidential except in discussion with SNS/MOWSWM staff **only.**

By signing this document, you are acknowledging that you agree to protect client information.

Please sign, date and return to the Volunteer Coordinator or Site Manager.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FORM DATE: APRIL 2018**