

Client Privacy Protection

Senior Services of Alexandria

Health Insurance Portability and Accountability Act (HIPAA)

HIPAA ensures that health information is not shared with anyone except with a person's consent. HIPAA standards apply to healthcare providers or businesses (including nonprofit organizations) associated with healthcare and health information.

Personally Identifiable Information (PII)

Information that can be used to distinguish or trace a person's identity. It can include, but is not limited to, full names, social security numbers, birth dates, and home addresses.

How can volunteers comply with HIPAA and Privacy standards?

- Volunteers should do their best to protect client PII and Health information. Do not share PII or medical information with other people or volunteers. You may only share PII and/or medical information with Senior Services of Alexandria(SSA) staff and emergency medical personnel.
- Volunteers should not ask clients any medical questions. We realize that some clients may tell you medical information without being prompted and/or some situations may leave you privy to medical information, but please do not share any such information beyond SSA personnel.
- Change of Condition notations should be made through observations only.

Example: You are out delivering a meal and a caregiver answers the door. She discloses to you that her mother (the client) was taken to the hospital this morning after a fall. What should you do?

You should notify the Volunteer coordinator of the client's status and select "not delivered" in your Mobile Meals App. Do not disclose the client's situation to anyone else, including fellow volunteers.

Policy for Client Emergencies

If a volunteer arrives for meal delivery and finds a client in distress, please call 911 immediately. You may stay with the client until help arrives, but we ask that you do not attempt to provide medical assistance including moving the client. Notify your Volunteer Coordinator as soon as possible.

CONFIDENTIALITY STATEMENT

I, _____(print name), do willingly promise to hold in confidence all matters that come to my attention while volunteering for Senior Services of Alexandria(SSA), including information from and about clients and matters regarding colleagues. I will respect the privacy of the people who I serve and confer appropriately with SSA Staff. Further, I will use in a responsible manner information gained in the course of my service for Meals on Wheels, Groceries to Go and/or Friendly Visitor Program and comply with Privacy Standards as stated above.

Name: _____
(Print Name)

Date: _____