MASH Property Management, LLC
HIPPA Contract for Volunteers

Thank you for your interest in volunteering with MASH Property Management, LLC (MASH). We greatly value your commitment to supporting our mission to provide services to those in need. To ensure the protection of sensitive healthcare information and compliance with the Health Insurance Portability and Accountability Act (HIPAA), we ask all volunteers to read and acknowledge the following HIPPA Compliance Disclaimer:

HIPPA Overview: HIPAA is a federal law enacted to safeguard the privacy and security of protected health information (PHI) PHI refers to any individually identifiable health information maintained or transmitted by healthcare organizations, including MASH. As a volunteer, you may encounter PHI while performing your duties.

Confidentiality Obligation: Volunteers at MASH are expected to treat all PHI with the utmost confidentiality. This means you are not allowed to disclose, discuss, share, or transmit any PHI to unauthorized individuals, including family, friends, or other volunteers, without explicit written consent from the individual involved.

Authorized Access: Volunteers will only have access to PHI when it is necessary to perform their assigned tasks. Unauthorized access to PHI is strictly prohibited.

Training: Volunteers must complete HIPAA training provided by MASH before they begin their volunteer duties. This training will cover HIPAA regulations, PHI handling procedures, and the consequences of non-compliance.

Reporting Violations: If a volunteer becomes aware of any HIPAA violation or security breach, they must report it immediately to their designated supervisor or the MASH leadership.

Termination of Volunteer Status: Failure to adhere to HIPAA regulations may result in termination of volunteer status, and in some cases, legal consequences.

Consent to HIPAA Compliance: By volunteering with MASH, you acknowledge your understanding and agreement to comply with HIPAA regulations, as outlined in this disclaimer and MASH's policies and procedures. You also understand that violation of HIPAA regulations may lead to the termination of your volunteer position.

Contact Information: If you have any questions or concerns about HIPAA compliance or your responsibilities as a volunteer, please contact MASH administration at

admin@akguest.com.

We appreciate your commitment to maintaining the privacy and confidentiality of our clients' health information. Your dedication to HIPAA compliance ensures that we can continue to provide essential services.

Please sign below acknowledging you have read, understood, and agree to comply with the MASH HIPAA Compliance Disclaimer.

_____
Name of Volunteer

_____
Signature of Volunteer

_____
Date