PSP Event Tracking Form*

Site/School Name: _____ Date: _____

Participating Professionals and Volunteers: Please accurately circle the volunteer category next to your printed name. The Office of Dental Health tracks volunteer hours for each type of volunteer.

Volunteer Confidentiality Agreement:

I understand that when I work as a volunteer that any information I read, hear, or learn about a child must remain private. I must obey the HIPAA laws (Health Insurance Portability and Accountability Act). I cannot share any information, including but not limited to student name or type of insurance. I cannot share information about any health problems or treatment needs. I understand that if I fail to keep everything private that I could be asked to leave and/or have possible legal action taken against me for not keeping information private.

***DO NOT RETURN THIS SHEET WITH YOUR SCREENING FORMS!**
Retain this sheet to complete the "Submit Mandatory PSP Event Report" on the web site.

Please Print Name	**Please Circle Volunteer Title**
Example: Jane Doe	DDS RDH (Volunteer)
	DDS RDH Volunteer
	DDS RDH Volunteer
	DDS RDH Volunteer
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	DDS RDH Volunteer
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