

CONFIDENTIALITY AGREEMENT

[NAME OF ORGANIZATION]

It is the responsibility of all **[NAME OF ORGANIZATION]** workforce members to preserve and protect confidential client information.

Confidential Patient Care Information includes: Any individually identifiable information in possession or derived from a provider of health care regarding a patient's medical history, mental, or physical condition or treatment, as well as the patients' and/or their family members' records, test results, conversations, research records and financial information. (Note: this information is defined as "protected health information.")

Examples include, but are not limited to:

- Physical, medical, and psychiatric records including paper, photo, video, diagnostic and therapeutic reports, laboratory and pathology samples;
- Patient insurance and billing records;
- Mainframe and department based computerized patient data;
- Visual observation of patients receiving medical care or accessing services; and
- Verbal information provided by or about a patient.

I understand and acknowledge that:

1. I shall respect and maintain the confidentiality of all discussions, deliberations, patient care records and any other information generated in connection with individual clients or patient care.
2. It is my legal and ethical responsibility to protect the privacy, confidentiality and security of all medical records, proprietary information and other confidential information relating to **[NAME OF ORGANIZATION]** and its affiliates.
3. I shall only access or disseminate patient care information in the performance of my assigned duties and where required by or permitted by law, and in a manner which is consistent with officially adopted policies of **[NAME OF ORGANIZATION]**, or where no officially adopted policy exists, only with the express approval of my supervisor or designee. I shall make no voluntary disclosure of any discussion, deliberations, patient care records or any other confidential information, except to persons authorized to receive it in the conduct of **[NAME OF ORGANIZATION]** affairs.
4. I agree to discuss confidential information only in the work place and only for job related purposes and to not discuss such information outside of the work place or within hearing of other people who do not have a need to know about the information.
5. I understand that the law specially protects psychiatric and drug abuse records, and that unauthorized release of such information may make me subject to legal and/or disciplinary action.

6. My obligation to safeguard client confidentiality continues after my termination of employment with **[NAME OF ORGANIZATION]**.

I hereby acknowledge that I have read and understand the foregoing information and that my signature below signifies my agreement to comply with the above terms.

Dated: _____

Employee Signature: _____

Print Name: _____