

CONFIDENTIALITY AGREEMENT

I certify that I received basic HIPAA/HITECH training by attending a mandatory training session for the entire work force at South Central Regional Medical Center.

I understand that:

- There are state and federal laws governing the disclosure of protected health information, including the Health Insurance Portability and Accountability Act (HIPAA) and Health Information Technology for Economic and Clinical Health Act (HITECH).
- Every patient has a legal right to privacy and confidentiality.
- Patient information is to be disclosed by authorized personnel only.
- Protected health information should not be left where it is accessible to unauthorized individuals.
- Electronic protected health information should not be left where it is accessible to unauthorized individuals.
- Patient information is not to be sought through the computer system, census reports, etc., or discussed except for business purposes or in the process of performing specific job duties.
- The discussion of patient information not related to the performance of assigned job duties is considered a breach of confidentiality.
- There are both civil and criminal penalties for HIPAA or HITECH violations including \$100 to \$1.5 million in fines.
- I must report to my supervisor, the Security Officer, or the Privacy Officer any unauthorized use or disclosure of confidential information.

I understand that I have a sound ethical and professional responsibility to maintain and protect patient confidentiality.

I also understand that if I am assigned a computer security code, I will safeguard and will not share it with any other person (including other employees, supervisors, or subordinates). If I suspect that another person has accessed my code, I will notify the Security Officer at once.

I further understand that a breach of confidentiality constitutes a Class A offense and is considered just cause for immediate termination of employment at South Central Regional Medical Center.

Signature: _____ *Date:* _____

Print Name: _____ *Department:* _____

Witness: _____ *Date:* _____

RETURN TO HUMAN RESOURCES UPON COMPLETION