

HIPPA: Confidentiality Agreement

THE COMPANY has a legal and ethical responsibility to safeguard the privacy of all patients and protect information that is defined as confidential. Confidential information includes all verbal, written and computer stored information relating to patient medical information, patient and business financial information, proprietary business information and employee records and personal information.

I understand that information regarded as confidential must be maintained in the strictest of confidence. As a condition of employment or affiliation, I hereby agree that I will not, at any time, disclose any confidential information to any person, unless they are authorized to receive said information. I will not access patient, business or employee information unless I have a legitimate reason to do so.

I have read the confidentiality agreement and have had an opportunity to ask questions. I agree to abide by the conditions set forth in this agreement and understand that violating the confidentiality agreement may result in disciplinary actions, including possible immediate termination of employment and possible civil penalties according to state and federal laws.

Employee/Contractor Name

Employee/Contractor Signature

Date