

Name: _____

Job Title: _____

Department: _____ Hire Date: _____

Purpose of Agreement

Our organization is dedicated to preserving the privacy of patient information as well as other confidential organizational information. All employees as well as agents and professionals are accountable for protecting sensitive information as required by federal and state regulations and organizational guidelines. This agreement outlines general responsibilities with regard to ensuring the privacy of patient's medical records.

Background and Definitions

The health Insurance Portability and Accountability Act (HIPAA) was enacted in 1996 to protect patient's privacy by providing guidelines for the dissemination and usage of individually identifiable health information, or Protected Health Information (PHI). The guiding rule for handling PHI in a compliant way is called "minimum necessary". In other words, access to and use of PHI is restricted to the minimum necessary amount where one needs in order to perform his or her job

Confidential information includes –but is not limited to –the following:

Demographic information: (e.g., patient's name, DOB, SSN, address, phone number, etc.)

Financial Information: (e.g., insurance policy number, account number, credit card or bank information, etc.)

Clinical information: (e.g., admission and discharge dates, medical record number, test results, medical chart, etc.)

Proprietary information: (e.g., information about departmental operations, business plans and strategies, financial data, contract terms, personnel information, etc.)

Confidential information may be contained via any communication medium, including verbal, written or electronic.

Please read and initial the following statements to indicate an agreement to use confidential information in accordance with all applicable policies and procedures:

Initials

I agree to:

- _____ Follow all regulations, policies, and department specific procedures appropriate to my role and responsibilities
- _____ Only access confidential information when it is needed to perform my job duties.
- _____ Report and/or secure all confidential information found unattended or unsecured
- _____ Inform supervisors of known or suspected instances of unauthorized access, use, download, or disclosure of confidential information
- _____ Keep passwords confidential and report any known or suspected instances of an individual inappropriately using or sharing passwords
- _____ Safeguard all collected or generated confidential information in a manner that restricts access to only those individuals with a need to know to perform their job duties.
- _____ Limit discussion of confidential information to necessary work-related communication in private areas
- _____ Make a conscious effort to limit unauthorized individuals' view or access to confidential information in all forms of media, including electronic files, computer images, and hard copies
- _____ Take reasonable efforts to limit exposure of computer screens containing confidential information to non-authorized individuals and "lock" the screen of the computer workstation when unattended
- _____ Dispose of papers or other items containing confidential information in accordance with established disposal processes (e.g., shredding or medical waste systems), not in the trash
- _____ Avoid removing any confidential information from the premises, physically or electronically (i.e., email, CD, USB), without specific authorization and without appropriate precautions

Signature _____ Date _____