



## **HIPAA Confidentiality Statement**

As an employee of \_\_\_\_\_ on assignment at various health care facilities, I acknowledge that I may receive or have access to confidential patient information in the course of providing patient care services. I understand that it is my responsibility to protect the confidentiality of each client organization's patient records and information including protecting the confidentiality of any electronic or computer passwords that may be assigned to me. I understand that all information pertaining to the diagnosis, treatment and progress of all patients is confidential. I may not review, discuss, copy or transmit such information except where necessary in the normal and proper course of my job. I shall maintain the confidentiality of Confidential Patient Information, and in doing so, shall comply with all applicable state and federal laws and regulations, including, without limitation, the privacy provisions under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the policies and procedures of the health care facility to which I am assigned. My agreement to maintain the confidentiality of Confidential Patient Information shall survive the termination of my employment with \_\_\_\_\_ and the conclusion of any assignment(s) at healthcare facilities to which I have been assigned.

Additionally, I acknowledge my responsibility to report to the facility HIPAA officer and \_\_\_\_\_ any potential breach of HIPAA which may include any unauthorized, unintended or inappropriate use or disclosure of confidential patient information either due to my actions or the actions of others.

This policy applies to all patient records and confidential information.

I understand that any violation of this confidentiality policy or breach of HIPAA law shall constitute grounds for disciplinary action up to and including termination of my employment.

I have read and understand the significance of this policy and agree to abide by its provisions.

Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_