

CORE OCCUPATIONAL MEDICINE

EMPLOYEE CONFIDENTIALITY STATEMENT

I, _____, understand
(please print your name)

the policies of CORE LLC on the confidentiality of our patients' health care information whether in written, unwritten, or electronic form. I understand that this information belongs to the patient and I am only the caretaker and must guard the information appropriately. This includes, but is not limited to, keeping patient health care information secure, private and out of public view, not discussing patient-specific issues and information in public areas, and protecting computer data by logging off work stations when not in use. I acknowledge that I have been trained on our legal obligations to protect the privacy of individually identifiable health information that we create, receive, or maintain as a health care provider. I pledge to abide by HIPAA's Privacy Rules and by any state laws that provide greater protection or rights to patients.

I hereby agree and pledge that I will access only the information that is necessary for me to perform my responsibilities. I agree not to use, disclose or communicate any patient information in any manner whatsoever other than the minimum necessary for the provision of our services. I understand that all patient health care information will be released only to those who have a need to know and have signed a confidentiality agreement, to Business Associates with signed contracts and/or to individuals or organizations with signed authorizations for release. If I have any doubts, prior to releasing any information, I will discuss my concerns with our Privacy Officer.

I also understand that unauthorized use or disclosure of protected health care information may result in disciplinary actions up to and including termination of my employment.

I understand that my obligation, as outlined above, will continue after my employment or association with the practice/facility ends and that should I violate patient confidentiality appropriate sanctions will be taken.

My signature below attests to the fact that I have read, understand and agree to abide by the terms of this agreement.

Name: _____

Signature: _____

Date: _____

Witness Signature: _____