



HIPAA STATEMENT

As an employee of @WORK Medical Services, I understand and acknowledge the following:

I must hold confidential and private all information pertaining to patients, patient records, client facility procedures and policies.

All protected patient information shall be kept safeguarded pursuant to the policies and procedures at each respective facility and in accordance with the (HIPAA) Health Insurance Portability and Accountability act of 1996; the regulations issued there under and any applicable state law to prevent non-allowed disclosure, loss or misuse and to ensure that only authorized persons have access to such protected information.

I will consult the Facility Privacy Officer (or applicable designated individual) in the event I have any questions regarding the scope or application of the privacy policies described in this statement.

Private and confidential information will only be released to an outside party when legally required to do so and to the extent minimally necessary to respond to the request.

Failure to maintain confidentiality and privacy may lead to disciplinary action up to and including termination, as well as any actions designated by the appropriate disciplinary and/or credentialing board.

I understand that any breach of confidentiality may be grounds for immediate termination of employment, as well as any appropriate legal actions.

Employee Name (Print)

Date

Contractor Signature

Date

Witness Signature

Date