

[NINVA MEDICAL GROUP LLC]

HIPAA Confidentiality Agreement

(The above Organization Name will be Organization throughout the document.)

I understand that (Organization) and their clients have a legal responsibility to protect patient privacy. To do that, it must keep patient information confidential and safeguard the privacy and security of patient information. In addition, I understand that during the course of my employment, my accessing the site, or other work with (Organization), I may see, hear, or even touch confidential information including Protected Health Information (PHI) about the (Organization), any PHI I am privy to or pertaining to the practice that (Organization) must maintain as confidential.

Regardless of the capacity in which I work, whether I am employee, cleaning service, sales representative, building maintenance, or general work, I understand that I must sign and comply with this agreement in order to be allowed to work or access the site of (Organization). By signing this agreement, I understand and agree that:

1. For **indirect contact as a vendor** of PHI or ePHI, I will keep patient information confidential and never discuss with others.

As an **employee or contractor** that works directly with PHI or ePHI, I will disclose patient information only under the conditions set forth by our Privacy and Security Officers. Regarding other types of important information to the organization, I will keep such information confidential and will only disclose such information if it is required for the performance of my job and after receiving the permission of the Privacy Officer.

2. As an employee, contractor, or indirect access as a vendor to ePHI or PHI, I will not discuss any information either patient-related or operations-related in public areas (even if specifics such as a patient’s name are not used), unless that public area is an essential place for the performance of my job. I will keep all security codes and passwords used to access the facility, equipment or computer systems, confidential at all times.

3. As an employee, contractor, or indirect access as a vendor to ePHI or PHI, I will only access or view patient information for that which is required to do my job. If I have any questions about whether access to certain information is required for me to do my job, I will immediately ask the organizations **Privacy Officer** for assistance.

4. As an employee, contractor, or indirect access vendor to ePHI or PHI I will not disclose, copy, transmit, inquire, modify, or destroy patient information or other practice confidential information without permission from the Privacy Officer. This especially includes transmissions from the practice to my home.

5. As an employee, contractor, or indirect access as a vendor to ePHI or PHI, once my job with the organization is terminated or completed, I will immediately return all property. This includes (e.g., keys, documents, ID badges, etc) to the practice. Even after my job or access as a vendor is terminated, I agree to meet my obligations under this agreement.

I understand that violation of this agreement may result in disciplinary action, up to and including termination of my employment or relationship with the organization, and this may include civil and criminal legal penalties as a result of the final Privacy Rule issued by the federal government.

I have read the above agreement and agree to comply with it so that I may obtain employment with the organization or continue to work with the organization.

Signature: _____ Title: _____

Print Your Name: _____ Date: _____

Company Name: _____