

## Nonemployee Confidentiality and Acknowledgment of HIPAA Training Statement

All patient protected health information (PHI—which includes patient medical and financial information), employee records, and financial and operating data of **[insert name of practice or facility]**, and any other information of a private or sensitive nature, is considered confidential. Confidential information shall not be used or disclosed unless specific permission to do so has been obtained and granted by the privacy official or designee. Applicable federal and state laws shall be followed to seek patient permission for any use or disclosure of PHI. Examples of inappropriate disclosures include:

- Discussing or revealing confidential information to friends or family members.
- Discussing or revealing confidential information to other coworkers or employees without a legitimate need to know.
- The disclosure of a patient's presence in the office, hospital, or other medical facility, without the patient's consent, to an unauthorized party without a legitimate need to know and that may indicate the nature of the illness and jeopardize confidentiality.
- Using patient information for marketing purposes without express permission from **[insert name of practice or facility]** and patient.

The unauthorized disclosure of PHI and other confidential information can subject an individual to civil and criminal liability. Disclosure of confidential information to unauthorized persons, or unauthorized access to, or misuse, theft, destruction, alteration, or sabotage of, such information, may result in your immediate removal from the premises and/or revocation of current and future visiting/working privileges of the individual and/or company, and may lead to legal action and/or a duty for you to mitigate damages.

### Confidentiality agreement

I hereby acknowledge, by my signature below, that I understand that the PHI and other confidential records and data which I may see or hear or otherwise gain knowledge of in the course of my visit/work with **[insert name of practice or facility]** is to be kept confidential, private, and secure and that maintaining confidentiality, privacy, and security of PHI and other confidential records and data is a condition of my privilege to visit/work with **[insert name of practice or facility]**. Such information shall not be used or disclosed to anyone at any time, now or in the future, unless specifically authorized by **[insert name of practice or facility]**. The unauthorized use or disclosure of patient PHI is possible grounds for: immediate removal from the premises; revocation of all future visiting/working privileges; legal action; and/or a duty to mitigate damages.

I have been trained in the Health Insurance Portability and Accountability Act (HIPAA) privacy and security policies and procedures of **[insert name of practice or facility]** and am familiar with the guidelines in place at **[insert name of practice or facility]** pertaining to the use and disclosure of patient PHI or other confidential information.

Printed name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Company: \_\_\_\_\_ Position: \_\_\_\_\_