



Employee HIPPA Confidentiality Agreement

I understand that while performing my official duties I may have access to information that is classified as confidential, sensitive, or protected health information. Confidential information is information that identifies an individual. Sensitive information may be financial or operational information that requires the maintenance of its integrity and assurance of its accuracy and completeness. Protected Health Information (PHI) means individually identifiable health information that is transmitted or maintained in any form or medium. Confidential, sensitive, and protected health information is not open to use, modification, disclosure, or destruction.

I agree to protect the following types of information:

1. All patient protected health information.
2. Information about how the office computer systems are accessed and operated.
3. Any other proprietary information about the office such as operational information or instructional manuals.

I agree to protect confidential and sensitive PHI by:

1. Accessing, using, or modifying confidential and/or sensitive and/or PHI only for the purpose of performing my office duties.
2. Never sharing passwords or logon codes with anyone or storing passwords or codes in a location accessible to unauthorized persons.
3. Never attempting to learn or use another employee's password or logon code
4. Never accessing or using confidential, sensitive, and/or PHI out of curiosity, or for personal interest or advantage
5. Never showing, discussing, or disclosing confidential, sensitive, and/or PHIE to or with anyone who does not have the legal authority or the "need to know"
6. Never leaving secure computer application unattended while signing on
7. Storing confidential and/or sensitive information in a place physically secure from access by unauthorized persons.
8. Never removing confidential, sensitive, and/or PHI from the work area without authorization.
9. Disposing of confidential, sensitive, and/or PHI by utilizing an approved method of destruction, which may include shredding, burning, or certified or witnessed destruction. Never disposing of such information in the waste basket or recycle bins.
10. Immediately notifying the proper person if I have reason to believe my password or logon code has been compromised.

**Penalties**

I understand the penalties for unauthorized access, use, modifications, disclosure, or destruction of confidential, sensitive, and/or PHI may include disciplinary action, up to and including termination of my employment, and/or criminal or civil actions.

"I certify that I have read and understand the Confidentiality Statement printed above."

---

Full Name

Signature

Date