

CONFIDENTIALITY STATEMENT

As a Premier Healthcare Employee, I understand and acknowledge that:

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

All protected patient information shall be kept safeguarded pursuant to the policies and procedures at each facility, respectively, and in accordance with the Health Insurance Portability Accountability Act of 1996, the regulations issued thereunder, and any applicable state laws to prevent impermissible disclosure, loss of misuse, and to ensure that only authorized persons have access to such protected information.

I will consult the Facility Privacy Officer 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 the ground for immediate termination of employment as well as any appropriate legal actions.

Employee Signature Date

Employee Printed Name Date

Premier Healthcare Representative Date