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CONFIDENTIALITY POLICY

ALL patients have a right to privacy when they come to this practice for care. Patient records, financial information, appointment information, x-ray and laboratory reports are to be kept confidential.

I shall, neither during nor after the period of relationship with the practice, except in the proper course of my duties or as permitted by the practice or as required by law, divulge to any person any confidential information concerning: patient's personal, health or financial information.

The contractual arrangement between this practice and its employees/students/interns/contractors is founded on trust. I agree not to knowingly access any confidential information about the patients or patient medical information, unless such information is essential for me to properly and efficiently perform my duties. I am aware that these conditions extend to unnecessary discussion of confidential information within the practice. I understand that any breach of this trust will render me liable to disciplinary action, termination and/or civil proceedings.

I further agree to inform my supervisor immediately if I become aware of any breach of privacy or security relating to the information I access in the course of my duties. In regards to adolescents, information should not be released without the patient's *written* permission under certain circumstances (this can pertain to giving information to the parent). In the case of ALL adolescents, refer the request to the physician.

REMEMBER, the confidentiality of the patient information is a serious responsibility. Any unauthorized disclosures by employees/students/interns/contractors could render the employee/student/intern/contractor and the pediatrician(s) liable to damages on grounds of defamation or invasion of privacy.

ANY employee/student/intern/contractor who violates the confidentiality of the medical information is subject to serious disciplinary action including termination.

Acknowledgement of Receipt of Pediatric Care Specialists Confidentiality Policy

I acknowledge that I have received a copy of the Pediatric Care Specialists Confidentiality Policy (located in employee handbook and HIPAA Manual). I understand that I am responsible for reading and abiding by the Confidentiality Policy.

I understand my responsibility to HIPAA and Pediatric Care Specialists in keeping all information that I access confidential. I also understand that my failure to do so could result in termination of relationship from Pediatric Care Specialist and penalties from HIPAA.

 Employee/Student /Intern/Contractor Signature

 Date

 Security Officer Signature

 Date