**HIPPA CONFIDENTIALITY AGREEMENT POLICY**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (caregivers name), will maintain the confidentiality of “protected health information” (PHI as defined by HIPPA) an other information that is deemed to be confidential by other laws.

This information may include, but is not limited to information on residents, employees, and financial and business operations. Sucu information is made confidential by law or by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (AFH, name) Policies. Confidential information may be information in any form: e.g., written, electronic, oral, overheard or observed. Access to all information is granted on a “need to know basis”. A “need to know” is defined as information that is required in order to do your job.

During your daily work, you may be exposed to information that is considered strictly confidential. This information should not be discussed with anybody, including other residents, co-workers, other families, your family and or friends. You must be alert to others overhearing your professional discussions regarding a resident condition or an employee behavior-performance.

Any inquiries from other businesses for business purposes or the media should be referred to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (AFH, Management).

Disclosure of confidential information is grounds for disciplinary action up to and including termination.

All business records and documentation provided to you or in your possession must be returned to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (AFH Name) upon termination of your employment.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_have read and understood \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (AFH name) policy with regards and security of personal information. I agree to maintain confidentiality of all information obtained in the course of my employment including, but not limited to financial, technical, or property information of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (AFH Name) and personal and sensitive information regarding resident, employees and vendors. I understand that inappropriate disclosure or release of resident information is grounds for termination of employment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name Signature Date