

HIPAA Privacy Rule Employee Confidentiality Form

I, _____, have read and understand _____
[Employee Name] [Name of your company]
policies regarding the privacy of individually identifiable health information (or protected health information (PHI)), as mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the State of _____. In addition, I acknowledge that I have received
[Location of your company]
training in _____ policies concerning PHI use, disclosure, storage and
[Name of your company]
destruction as required by HIPAA.

In consideration of my employment or compensation from _____, I
[Name of your company]
hereby agree that I will not at any time — either during my employment or association with
_____ or after my employment or association ends — use,
[Name of your company]
access or disclose PHI to any person or entity, internally or externally, except as is required and permitted in the course of my duties and responsibilities with _____,
[Name of your company]
as set forth in _____ privacy policy and procedures or as permitted
[Name of your company]
under HIPAA. I understand that this obligation extends to any PHI that I may acquire during the course of my employment or association with _____, whether in oral, written or
[Name of your company]
electronic form and regardless of the manner in which access was obtained.

I understand and acknowledge my responsibility to apply _____
[Name of your company]
policies and procedures during the course of my employment or association. I also understand that unauthorized use or disclosure of PHI will result in disciplinary action, up to and including termination of employment or association with _____ and the imposition of civil
[Name of your company]
penalties and criminal penalties under applicable federal and state law, as well as professional disciplinary action as appropriate.

I understand that this obligation will survive the termination of my employment or end of my association with _____, regardless of the reason for such termination.
[Name of your company]

Signature _____ Date _____
Name _____