

Confidentiality Agreement

Patient Confidentiality

Patients expect that all information about themselves, their families, their medical condition and their financial circumstances will be kept confidential. Individuals have the obligation to protect patient information. They may not discuss or share patient information with anyone not authorized to receive it, either inside or outside the facility. Such dissemination could be a violation of federal and state laws. Individuals who are unsure about which information is confidential or who is authorized to receive it are responsible for contacting their supervisor or Facility Administrator for guidance.

Employee Confidentiality

Employees expect that all personal and/or health information about themselves and all information contained in their personnel and health files will be kept confidential. They also have an obligation to protect the confidentiality of their co-workers' information. As such, individuals shall not discuss nor share personal and/or health information about their co-workers or about the contents of personnel files (ie. reprimand, warning, or corrective actions), and/or health files with anyone not authorized to receive it, either inside or outside the facility. Individuals who are unsure about which information is confidential or who is authorized to receive it are responsible for contacting their supervisor or Facility Administrator.

Company Confidentiality

The company, [_____] expects that all information about the company and its facilities will be kept confidential. All company Information, which includes, but is not limited to, all rate and facility policies, procedures, and manuals, invention information, secrets, know-how, business plans, as well as information from a third party wherein the company is under no obligation of confidentiality, shall be kept as confidential. Individuals have an obligation to protect the Company's Confidentiality. They should not discuss or share-Company of facility information with anyone not authorized to receive it, either inside or outside the facility. Individuals who are unsure about which information is confidential or who is authorized to receive it are responsible for contacting their supervisor or Facility Administrator.

I, _____, agree to uphold the above Confidentiality agreement between myself, the patients, employees, co-workers and _____ (Company) on this _____ day / month / year