

# CONFIDENTIALITY AGREEMENT

***Confidential Information includes:*** Any individually identifiable information in possession or obtained due to my employment to include the person's medical history, mental/physical conditions, treatment, test results, conversations, and financial information. This information is considered private, confidential and is "protected health information" (PHI).

Examples include, but are not limited to:

- Physical medical and psychiatric records including paper, photo, video, diagnostic and therapeutic reports, laboratory and pathology samples;
- Medication information
- Documentation related to goals/outcomes for the person
- Visual observation of person receiving medical care or accessing services; and
- Verbal information provided by or about the Individual I support

I understand and acknowledge:

- I shall respect and maintain the confidentiality of all discussions, documentation related to services provided, and any other information generated in connection with individual.
- It is my legal and ethical responsibility to protect the privacy, confidentiality and security of all documentation or records, and other confidential information.
- My obligation to safeguard patient confidentiality continues after my termination of employment with this employer.

I hereby acknowledge I have read and understand the information above and my signature below indicates my agreement to comply with the above terms.

I understand failure maintain confidentiality may make me subject to legal and/or consider disciplinary action up to and including my termination.

Print Name: \_\_\_\_\_

Dated: \_\_\_\_\_ Employee Signature: \_\_\_\_\_

Dated: \_\_\_\_\_ Employer Signature: \_\_\_\_\_