MEDICAL INFORMATION STATEMENT OF CONFIDENTIALITY FOR STUDENT, VISITOR, OR HEALTH CARE INDUSTRY (VENDOR) REPRESENTATIVE

It is the policy of Sarasota Memorial Health Care System (SMHCS) to strictly maintain the confidentiality of all patient medical information including, but not limited to, medical record and billing information, documentation, and to protect each patient's right to privacy.

Except as provided by SMHCS Policy 00.PER.14, Confidential/Privileged Information, without the prior proper written and signed authorization from the patient, the patient's guardian or the patient's legal representative or as otherwise allowed by state and federal law, patient medical and billing information shall not be inappropriately accessed, discussed, disclosed or revealed to anyone.

I clearly understand and fully agree that I shall never inappropriately access, discuss, disclose, reveal, or in any way use, either directly or indirectly, any information from a patient's medical record or medical information relating to the care and treatment of any patient treated within the SMHCS or the owner of such information may seek any legal remedies available against me. I agree to indemnify and defend SMHCS against any and all liability, in the event I violate this agreement.

I also understand and agree that any violation of any portion of this Medical Information Statement of Confidentiality, applicable policies and procedures of SMHCS, or of state and federal laws and regulations governing confidentiality of patient medical records, medical and billing information, or a patient's right to privacy may be cause for corrective action, including immediate termination of my experience or services at SMHCS, and may result in punitive damages.

My signature on this form confirms that I have carefully read, fully understand, and agree with the Medical Information Statement of Confidentiality.

☐ Student

_____ ☐ Visitor

Signature Date

☐ Health Care Industry

_____

Printed name of student, visitor, or representative

_____

Signature of parent (s) or legally authorized representative if student or visitor is a minor (Age 17 or younger requires parental signature) Date

_____

Printed name of parent (s) or legally authorized representative