

CONFIDENTIALITY STATEMENT

The organization is committed to the principles of fair ethical business practices and to ensuring confidentiality of records and related information for all patients, employees and for regular hospital business.

The organization gives full consideration to patients' rights for privacy concerning all aspects of their medical program. All communication regarding their care and their care in the hospitals, facilities and clinics or their stay in the hospitals will be treated as confidential information. Access to any of the information is to be limited only to those health care professionals who have need of the information to fulfill their duties.

All employees, volunteers, physicians, students, externs, interns, and/or temporary employees other similar occupations working through third party agencies who have access to information about patients, employees, or hospitals, facilities and clinics operations, which is, of a confidential nature will be prohibited from discussing or revealing such information in any unauthorized manner. This would include, but is not limited to, employee records, files, information gained from service on hospital or medical agencies, medical staff.

Any breach of confidentiality (i.e., the unauthorized discussing or revealing of patient, employee, or hospitals, facilities and clinics operation information) represents a failure to meet the professional and ethical standards expected of all employees and constitutes a violation of this policy. If it is determined that a breach of confidentiality has occurred, the employee may be subject to disciplinary action, which could include termination of employment.

Staff will be cautioned that this breach need not take the form of a deliberate attempt of breach of confidentiality, but will include any unnecessary or unauthorized informal discussion of a confidential matter (i.e., informal dialogue in the cafeteria, hallways, or elevators) for which the same rules will apply.

I hereby acknowledge receipt of this confidentiality policy, and I agree to be bound by such policy, as stated above.

Signature

Date

Print Name

Witness

Date