

## HIPPA Confidentiality Attestation & HIPAA Training Certification

I, attest I have completed the HIPAA Compliance Training Program provided by Med Network LLC. I have an understanding of the required aspects of HIPAA compliance in the healthcare environment to maintain integrity and confidentiality of information, the protection of security of information and unauthorized use and disclosure of information. I agree to comply with all HIPAA compliance.

I acknowledge that during the course of performing my contractual assigned duties, as an Independent Sales Agent (ISA) for Med Network LLC and any other Med Network, LLC related company, I may have access to, use, or disclose information deemed to be confidential health information. I hereby agree to handle such information in a confidential manner at all times during and after the termination as a subcontractor and commit to the following obligations:

- I will use and disclose confidential health information only in connection with and for the purpose of performing my tasks as an
  Independent Sales Agent of Med Network LLC and any other Med Network LLC related company.
- B. I will request, obtain or communicate health information only as necessary to perform my assigned duties as an independent contractor of Med Network LLC and any other Med Network LLC related company and shall refrain from requesting, obtaining or communicating more confidential health information than is necessary to accomplish my required task(s).
- C. I will take reasonable care to properly secure confidential health information on my computer and will take steps to ensure that others cannot view or access such information. When I am away from my computer I use for work, or when my tasks are completed, I will log off my computer, the computer I was working on and make a best effort to use the password-protected screensaver in order to prevent access by unauthorized user.
- D. If I am on-site at a physician's office, clinic, hospital or any other medical facility, I will not access any confidential health information without the supervision of a representative of the medical facility and shall take all measures to secure such information, within reason, if I walk away from such information. Once my task is completed, I will inform such supervisor so as to transfer responsibility of accessibility of such confidential health information.

I understand that as an Independent Contractor for either Med Network LLC and any other Med Network LLC related company, that Med Network LLC and any other services to medical facilities which may require the viewing of such confidential health information, the use and disclosure of patient information is governed by the rules and regulations established under HIPAA (the Health Insurance Portability and Accountability Act of 1996) and related policies and procedures of Med Network LLC and any other Med Network LLC company.

Med Network LLC hereby attests and certifies that the above mentioned, representative has completed all necessary training to meet the requirements and standards of HIPAA Compliance training as required by Direct Medical Solutions Corp for Hospital Systems and Networks.

This training certification is good for a period of two years from the effective date of this Attestation.

Acknowledge by:

Med Network LLC

Med Network LLC

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Signature of Representative

Date