



HIPAA Privacy and Security CONFIDENTIALITY STATEMENT

- I acknowledge that this statement applies to all members of the workforce, including but not limited to, employees, outside healthcare providers, contractors, volunteers and students, whether temporary or permanent, paid or not paid, visiting or designated as associates, who are employed by, contracted to, or under the direct control of the GEO Group, Inc.
- I acknowledge that GEO Group, Inc. has formally stated in the GEO Group, Inc. Operational Guidelines for Privacy and Security its commitment to preserving the confidentiality and security of health and other sensitive information, whether it is maintained, stored or transmitted in paper, electric, video, verbal, or any other medium or format. I understand that I am required, if I have to such health or sensitive information, to maintain its confidentiality and security.
- I understand that access to health information created, received, stored or maintained by GEO Group, Inc. or its affiliates in any location is limited to those who have a valid business or health care need for the information or otherwise have a right to know the information. I understand that there are many administrative, physical and technical safeguards in place to protect the privacy and security of this health information, and that any attempt to bypass or override these safeguards is a violation of federal and state laws and the privacy and security policies of the GEO Group, Inc.
- I understand that anyone that is authorized to access electronic health information within the GEO Group, Inc. and affiliate systems will be issued a unique identification and password, and that any person who knowingly discloses their user ID or password to others, uses or discloses another individual's User ID or password, or accesses any electronic protected health information without authorization is subject to disciplinary action, up to and including dismissal. In addition, I understand that all GEO Group, Inc and affiliate workforce members must comply with applicable Information Security Policies.
- I understand that approved methods and purposes for access to, uses and disclosures of, and requests for, any and all protected health information created, received, transmitted or maintained by GEO Group, Inc. and its affiliates are limited to those described in the GEO Group, Inc. Operational Guidelines for Privacy and Security. I further understand that, with the exception of purposes related to treatment, access to uses and disclosures of, and requests for an individual's health information must, to the extent practicable, be limited to the minimum necessary to accomplish the intended purpose of the approved use, disclosure, or request.
- I understand that any known or suspected violation of the confidentiality and security of health or sensitive information must be reported to the Privacy Officer immediately.
- I have completed the GEO Group HIPAA Privacy and Security Training Power Point Presentation and have achieved a passing score on the post presentation test. I have read the GEO Group, Inc. HIPAA Privacy and Security Confidentiality Statement and I understand that violation of GEO Group Privacy and Security policies and procedures may result in disciplinary action, up to, and including dismissal by the GEO Group, Inc in accordance with federal and state laws, as applicable.

Printed Name Signature Field Date

Signature of HR Representative Work Location

Confidentiality Statements are required annually (within every 12 month period). Confidentiality Statements “signed” on-line will have the force and effect of an original signature. The original goes to the Chief Privacy Officer.