HEALING JOURNEY
ACUPUNCTURE AND WELLNESS

Megan Conover, M.Ac., L.Ac.
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Clinic HIPAA Confidentiality Policy and Agreement

Policy: Employees, associates, and contracted staff of the practice will have access to Confidential Information, both written and oral, in the course of their employment and job responsibilities. It is imperative that this information is not disclosed to unauthorized individuals in order to maintain the integrity of the patient information. The term "Confidential Information" refers to "Protected Health Information (PHI)" as that term is defined by HIPAA Privacy Regulations. PHI includes any individually identifiable health information found in a patient's medical record, relating to:

- An individual's past, present, or future physical or mental health or condition;
- The provision of health care to an individual;
- Past, present or future payment for provision of health care to the individual;
- Demographic information, and identifiers such as name, address, birth date and Social Security Number.

All information relating to a patient's care, treatment, or condition constitutes Confidential Information. Any and all non-public, medical or non-medical, financial, business-related or personal information in any form (written, oral, visual, or electronic) processed, obtained or encountered by an employee of the practice must be protected from unauthorized disclosure. Any disclosures may only occur as permitted by HIPAA's Privacy Rule for patient care, or by written patient authorization.

Employee Agreement:
(Please initial by each item)

_____ I have read and understand the practice's Privacy Policies with regards to confidentiality and security of personal health information.

_____ I agree to respect and abide by all federal, state and local laws pertaining to the confidentiality of identifiable patient information obtained. I will disclose Confidential Information only for the purpose of accomplishing my assigned duties. I will not intentionally request, obtain or communicate any extraneous Confidential Information. I will limit my access and communication of Confidential Information to the very minimum needed to perform my duties.

_____ I agree to protect all Confidential Information to which I may have access from improper use or disclosure to any unauthorized third party, whether obtained inadvertently or in the course of my assigned duties. I will not discuss a patient's medical condition with any unauthorized individual(s), friends, or family members.

_____ I am aware that conversations regarding patients are not to be overheard by others, and that staff must take appropriate steps to ensure confidentiality when sharing patient information.

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_____ I am aware that I am to take all precautions to prevent unauthorized individuals from accessing electronic medical records. I understand that patient information on computers is not to be viewed or accessed by others. I will log out of my workstation when I am not present. I will not disclose my password(s) to anyone without written permission, or place login information in a location where others may view it.

_____ I will follow all documented clinic policies and procedures with respect to compliance with the HIPAA Privacy and Security Rules. I will complete all trainings as required.

_____ I will immediately report any unauthorized disclosure of Confidential Information that I become aware of to my assigned supervisor, and follow standard reporting procedures.

_____ I agree to maintain confidentiality of all medical, personal, or sensitive information regarding patients obtained during the course of my employment. I understand that inappropriate disclosure or release of patient information may result in disciplinary action, including termination of my employment.

Printed Name:

_____

Signature: **Date:**

_____ _____