

National Hospice Management, INC.

National Hospice Management, Inc. Contracted Employee Confidentiality Agreement

Branch Location: _____

As a contracted employee of National Hospice Management I may gain access to confidential protected health information ("PHI") either directly or as a result of my specific job duty or incidentally through contact with other employees. I understand that National Hospice Management policies track and comply with the requirements of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). I hereby agree to handle such information in a confidential manner at all times during my employment and commit to the following obligations:

- 1) I understand that all PHI that may in any way identify a covered individual must be maintained confidentially.
- 2) I will use and disclose PHI only in connection with and as necessary to perform my assigned duties and agree to comply with the restrictions on the use and disclosure of PHI set forth in National Hospice Management's HIPAA privacy and policies procedures and my job description.
- 3) I will refrain from requesting, obtaining, or communicating more PHI than is necessary to accomplish my assigned duties.
- 4) I understand that with PHI under my control, I must use all reasonable means to prevent it from being disclosed to others (whether orally, in writing, electronically or by fax) except as permitted by National Hospice Management's HIPAA privacy and policies procedures. If I discuss PHI with another person, I will make reasonable efforts to avoid such conversations from being unnecessarily overheard. I will take reasonable care to properly secure PHI on my computer and will take steps to ensure that others cannot view or access such information.
- 5) I will immediately report any unauthorized use or disclosure of PHI that I become aware of to the appropriate supervisor.
- 6) At the end of my affiliation with National Hospice Management or when my access to PHI is otherwise terminated, I will make sure that I take no PHI with me, and that all PHI in any form is returned to National Hospice Management or, if approved by National Hospice Management, destroyed in a manner that renders it unreadable and unusable by anyone else. Discharge or termination whether voluntary or not, will not affect my ongoing obligation to safeguard the confidentiality of PHI and to return or destroy any such PHI in my possession.
- 7) Upon cessation of my employment/volunteering, I agree to turn over keys, access cards, or any other device that would provide access to PHI.
- 8) I certify that I have been provided with a copy of National Hospice Management's policies and procedures and agree to abide by them.
- 9) I also understand that National Hospice Management is entitled to take appropriate disciplinary action, including reprimand, suspension or termination, if I fail to comply with its policies, either intentionally or through carelessness.

By my signature below, I agree not to reveal any confidential patient information to anyone, including my family members, and to abide by all terms and conditions of this Employee/Volunteer Confidentiality Agreement.

Date:

Signature

Printed Name