

# *Savela Solutions*

## **HIPAA Confidentiality Agreement**

I understand that Savela Solutions and their clients have a legal responsibility to protect patient privacy. To do that, it must keep patient information confidential and safeguard the privacy of patient information. In addition, I understand that during the course of my employment or other work with Savela Solutions, I may see or hear other confidential information including operational and financial information, pertaining to the practice that Savela Solution's client must maintain as confidential.

Regardless of the capacity in which I work, I understand that I must sign and comply with this agreement in order to be hired or continue to work for Savela Solutions.

By signing this agreement, I understand and agree that:

- I will keep patient information confidential, and that I will disclose patient information only under the conditions described in the Client's Privacy Manual. Regarding other types of important information to the practice, I will keep such information confidential and will only disclose such information if it is required for the performance of my job and after receiving the permission of my supervisor.
- I will not discuss any information either patient-related or operations-related in public areas (even if specifics such as a patient's name are not used), unless that public area is an essential place for the performance of my job.
- I will keep all security codes and passwords used to access the facility, equipment or computer systems, confidential at all times.
- I will only access or view patient information for that which is required to do my job. If I have any questions about whether access to certain information is required for me to do my job, I will immediately ask my supervisor or the practice's ***Privacy Officer*** for assistance.
- I will not disclose, copy, transmit, inquire, modify, or destroy patient information or other practice confidential information without permission from my supervisor. This especially includes transmissions from the practice to my home.
- Once my job with the practice is terminated, I will immediately return all property (e.g., keys, documents, ID badges, etc.) to the practice.
- Even after my job is terminated, I agree to meet my obligations under this agreement.
- I understand that violation of this agreement may result in disciplinary action, up to and including termination of my employment or relationship with the practice, and this may include civil and criminal legal penalties as a result of the final Privacy Rule issued by the federal government.

I have read the above agreement and agree to comply with it so that I may obtain employment with the practice or continue to work with the practice.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Your Name: \_\_\_\_\_ Date: \_\_\_\_\_