

Satilla Health Services, Inc.

Confidentiality and Non-Disclosure Statement for Physicians' Offices and Other agencies not a part of the Satilla Health Services, Inc. organization.

I, _____ an employee of _____ acknowledge that I have completed training on Satilla Health Services, Inc. (SHS) privacy policies and the privacy regulations issued under the Health Insurance Portability and Accountability Act of 1996 (also known as the HIPAA Privacy Rule).

- I understand that all patient information, including billing and financial data, is confidential.
- I agree to keep all patient information confidential.
- I understand that I may only access and use patient information to do my job; therefore, if I become a patient of SHS and need access to my information, I will contact Health Information Services to request the information and sign the required authorization form.
- I agree to comply with all SHS Privacy and Procedures including those implementing the HIPAA Privacy Rule.
- I understand that if I violate patient confidentiality by using or disclosing patient information improperly, SHS will notify my employer of my actions, and I may lose access to SHS systems and be subject to legal action.
- I understand and agree that the SHS Privacy Policies and Procedures will apply to any patient information I have access to at SHS even after I terminate my employment with my present employer.
- I understand that if I have any questions or concerns about the Privacy Rule and/or the proper use or disclosure of patient information, I should ask my Supervisor, employer, or contact SHS Privacy Officer.

I understand and agree with all of the provisions of this Confidentiality and Non-Disclosure form.

Requestor's signature

Printed name

Employee's signature

Printed name

Employee's last four digits of SSN

Birth month & day

Employer's office name & phone #

Today's date

It is the responsibility of the requesting employee's employer to notify the SHS Help desk (338-6363) when this employee leaves this organization's employment.

Return signed form to SHS Help Desk at fax: 912-287-2579