



HIPAA Compliance Pledge

I understand that I require information to perform my duties at a hospital or healthcare facility. This information may include, but is not limited to, information on patients, employees, students, other workforce members, donors, research, and financial and business operations. Some of this information is made confidential by law (such as “protected health information” or “PHI” under the federal Health Insurance Portability and Accountability Act) or by hospital policies. Confidential information may be in any form, e.g., written, electronic, oral, overheard or observed. Access to all confidential information is granted on a need-to-know basis. A need-to-know is defined as information access that is required in order to perform my work.

I will not disclose confidential information to patients, friends, relatives, co-workers or anyone else except as permitted by hospital policies and applicable law and as required to perform my work as a consultant, contractor, subcontractor, employee or vendor for hospital.

I will protect the confidentiality of all confidential information, including PHI, while at hospital and after I leave hospital. All confidential information remains the property of hospital and may not be removed or kept by me when I leave hospital except as permitted by hospital policies or specific agreements or arrangements applicable to my work as a consultant, contractor, subcontractor, employee or vendor for hospital.

If I violate this pledge, I may be subject to adverse action up to and including termination of my ability to work at or on behalf of hospital. In addition, under applicable law, I may be subject to criminal or civil penalties.

I have read the above pledge and agree to be bound by it.

Name: _____ Company: _____

Signature: _____ Date: _____

Hospital Dept for which providing services: _____