

Floyd Medical Center Confidentiality Agreement/Pledge

During the course of performing chart reviews in Floyd's Health Information Management Department, I understand that I have an obligation to keep all medical, hospital, and personnel information confidential. In the course of my visit, I will view or study certain confidential patient or business-related information, even though I may not be directly involved in providing patient care or other activities requiring this information.

I understand that proprietary patient and/or business-related information must be maintained in the strictest confidence. As a condition of my auditing responsibilities, I agree that unless given proper written authorization, I will not use or disclose any information concerning patients, employees, and other hospital confidential business with persons who do not have a need to know the information in order to complete the purpose of my visit. When patient or other confidential information is discussed with individuals who do have a need to know, I will use special care to make sure that such conversations cannot be overheard.

I understand that I am not to make copies of any patient reports or other confidential documents coming into my possession other than as necessary in the course of my visit. These medical records or reports may not be copied or released except through established Floyd Medical Center policies.

I understand that any unauthorized use or disclosure of confidential information will result in revocation of my privilege to visit and will negate the possibility of my conducting any future business with Floyd Medical Center and its affiliates.

Signature

Date

Printed Name

User Name Assigned

Password Assigned

Representing (Company Name/Address):

