

# W&W HEALTHCARE, INC.

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## **HIPPA PATIENT CONFIDENTIALITY AGREEMENT**

In compliance to the HIPPA regulations protecting the privacy of patient's health information (PHI), as a healthcare provider you are required to conduct yourself in strict conformance to all applicable laws and the Healthcare Facility's policies governing "confidential information." In fact, all PHI, whether communicated orally, electronically, contained in medical records, or stored in computer, is considered "priveleged" and must be kept confidential. As a healthcare provider, you may not disclose PHI or any other related person's information without the person's written authorization.

Accordingly, as a condition of and in consideration of your access to confidential information in performance of your legitimate duties, you agree to:

1. Exercise best efforts to protect privacy of PHI from casual or public access by being discreet in what you say, where you say it, and to whom you say it.
2. Use confidential information only as needed to perform your legitimate duties and as authorized by healthcare facility policy. Do not attempt to access PHI for personal or business purposes.
3. You will safeguard and not disclose your access code to confidential information to anyone at all times.
4. Report any incident or activity that you suspect may compromise privacy of confidential information.
5. Follow the Healthcare Facility's procedure on safeguarding and proper disposal of confidential information.
6. Abide by your duties under this agreement even after termination of employment.

I acknowledge that I have read and understand all the information on this Patient Confidentiality Agreement and [HIPPA Fact Sheet](#) provided by W&W Healthcare. I further understand that violation of this agreement will result in disciplinary action which might include, but is not limited to, termination of my employment and to legal liability.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name