1015 E. Semoran Blvd, Suite 209
Casselberry FL 32707
(888) 864-3030
(866) 487-4736 (Fax)
www.medteamstaffing.com

PATIENT CONFIDENTIALITY AGREEMENT

MedTeam Staffing Policy defines and considers confidential information to be any information that is derived from a clinical relationship between patients and healthcare professionals.

The patient has the right to expect healthcare providers to share only that information that is relevant to their care delivery and within the classification and job responsibilities of the healthcare provider.

The patient's right to privacy shall be respected.

Patient information shall be shared only with those who are directly involved in their care.

ACCOUNTABILITY TO SAFEGUARD:

- Home Telephone Numbers & Addresses
- Spouses & other Relatives Names & Addresses
- Physical Medical Records including:
  - Data Communications
  - Paper Documentation
  - Photo(s)
  - Video(s)
  - Diagnostic & Therapeutic Report(s)
  - Laboratory and Pathology Samples
- Social Security Numbers
- Income Tax Withholding Records
- Information related to Evaluation of Performance(s)
- Patient Business Records
- Alpha-Numeric Radio Pager Messages
- Misuse of verbal information provided by or about a patient
- Mainframe & Department-Based Computerized Patient-Data
- Other such information, which if disclosed, would constitute an unwarranted invasion or breach of privacy

VIOLATION OF CONFIDENTIALITY

- ☐ Unauthorized access, use, misuse, discussion or disclosure of confidential and proprietary information during and after my employment with MedTeam Staffing.
- ☐ Breach of confidentiality may be subject to civil or criminal action for invasion of privacy including termination.
- ☐ Unauthorized access, use, misuse, discussion or disclosure of electronic records for patients and employees.

RESPONSIBILITY

I am responsible, obligated and will protect confidential, patient, proprietary and employee information and will not misuse or abuse this confidentiality policy.

The access to and authorized use of all personal, medical, data and information considered confidential and proprietary in any form shall be available during the course of employment only and shall be subject to and will be treated as confidential and proprietary. My obligation of confidentiality becomes effective immediately after being employed by MedTeam Staffing and will continue after my separation.

My conduct will be in strict conformance to applicable state and federal laws, statutes, regulatory guidelines and codes.

Questions regarding confidentiality of information are to be addressed with management.

I acknowledge that I have read and understand the requirements set forth in this Confidentiality Agreement.

_____ _____

MedTeam Staffing Employee Signature **Date**

_____ _____

MedTeam Staffing Representative Signature **Date**