



HIPAA CONFIDENTIALITY AGREEMENT

I acknowledge that during the course of performing my assigned duties at I may have access to confidential health information. I hereby agree to handle such information in confidential manner at all times during and after my employment and commit to the following obligations:

- A. I will use confidential health information only in connection with and for the purpose of performing my assigned duties
- B. I will request, obtain or communicate confidential health information only as necessary to perform my assigned duties and shall refrain from requesting, obtaining or communicating more confidential health information than is necessary to accomplish my assigned duties
- C. I will take reasonable care to properly secure confidential health information and will take steps to ensure that others cannot view or access such information.

I understand the use and disclosure of patient information is governed by the rules and regulations established under HIPAA, the Health Insurance Portability and Accountability Act of 1996, and related policies and procedures. Therefore, with regard to patient information, I commit to the following additional obligations:

- A. I will use and disclose confidential health information solely in accordance with the federal and policies set forth by the HIPAA Act. I also agree to familiarize myself with any periodic updates or changes to HIPAA policies in a timely manner.
- B. I will immediately report any unauthorized use or disclosure of confidential health information that I become aware of to the appropriate supervisor.
- C. I will follow all HIPAA rules and regulations including those related to protected health information, privacy and patient confidentiality.

I also understand and agree that my failure to fulfill any of the obligations set forth in this agreement and/or my violation of any terms of this agreement may result in my being subject to appropriate disciplinary action, up to and including, termination of employment.

To the fullest extent permitted by law, I agree to defend (including attorney's fees), pay on behalf of, indemnify, and hold harmless Habec Dental Temp Agency Staffing, , its elected and appointed officials, employees and volunteers and others working on behalf of Habec Dental Temp Agency Staffing, against any and all claims, demands, suits or loss, including all costs connected therewith, and for any damages which may be asserted, claimed or recovered against or from Habec Dental Temp Agency Staffing, , its elected and appointed officials, employees, volunteers or others working on behalf of Habec Dental Temp Agency Staffing, , by reason of personal injury, including financial loss, damage to reputation, bodily injury or death and/or property damage, including loss of use thereof, or any other type of loss, which arises out of or is in any way connected or associated with my failure to live up to the conditions of this contract.

Printed Name	
Signature	Date