



CONFIDENTIALITY PLEDGE

I fully understand that all patient information, clinical and administrative records are confidential material to be treated as confidential to respect and protect the rights of patients, adhere, to Federal Law (HIPAA) regarding the protection of patient health information and maintain the credibility of the Company.

I have also been oriented to the Company's policy on confidentially HIV Related Information.

I am aware that:

Only those personnel who need information to provide health care to a patient have the right to read records, in so far as his/her job requires it. This information must be kept confidential and discussed in a private setting only by those involved in his/her care.

No person to whom confidential HIV Related Information has been disclose shall disclose the Information to another person except as authorized by law.

During my initial orientation, I was given and hold a copy of the Orientation Manuel/Employee Handbook, which contains information on confidentiality, HIV confidentiality and includes the Agency's Ethics Statement.

It is my responsibility to protect the right of confidentiality of all patients.

As an employee of Lending Hands Support Services, I have read the entire agency's policies and procedure manual as they relate to confidentiality.

I understand any violation of this policy can result in termination.

Name _____ Signature _____

Title _____

Date _____