



**CONFIDENTIALITY AGREEMENT**  
**PERSONAL HEALTH INFORMATION PLEDGE OF CONFIDENTIALITY**

I, the undersigned, have read and understand the Privacy Policy Statement regarding HIPAA compliance (Health Insurance Portability and Accountability Act of 1996).

In consideration of my employment or association with Methodist ElderCare Services and as part of the terms and conditions of my employment or association, I hereby agree, pledge and undertake that I will not, at any time, during my employment or association with Methodist ElderCare Services or after my employment or association ends, access or use personal health information, or reveal or disclose to any person within or outside, any personal health information except as may be required in the course of my duties and responsibilities and in accordance with Methodist ElderCare Services policies governing proper release of information.

I understand that my obligations outlined above will continue after my employment/contract/association/appointment with Methodist ElderCare Services ends.

I further understand that my obligations concerning the protection of the confidentiality of personal health information relate to all personal health information whether I acquired the information through my employment/contract/association/appointment with Methodist ElderCare Services or within any of the healthcare facilities with its affiliates.

I also understand that unauthorized use or disclosure of such information will result in a disciplinary action up to and including termination or employment/contract/association/appointment, the imposition of fines pursuant to HIPAA, and a report to my professional regulatory body, if any.

\_\_\_\_\_  
Signature of Individual Making Pledge

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Individual Making Pledge

\_\_\_\_\_  
Signature of Individual Administering Pledge

\_\_\_\_\_  
Date