

HIPAA Confidentiality Agreement

This HIPAA Confidentiality Agreement between Texas Pediatric and Stonebridge Ranch Dentistry
(hereinafter "The Practice") and _____ (hereinafter "The Employee") is
effective as of _____ .

The Employee of The Practice will have access to confidential information, both written and oral, in the course of their employment or job responsibilities. It is imperative that this information is not disclosed to any unauthorized individuals in order to maintain the integrity of the patient's information. The Employee agrees to the following:

- a) The Employee shall use the appropriate safeguards to prevent the use and/or disclosure of all PHI relating to patients, patient family members, the Practice employees, or other healthcare providers.
- b) The Employee's disclosure of the PHI shall be limited to only those purposes that are necessary to perform the Employee's job responsibilities.
- c) Employee shall not: use or further disclose any PHI except as provided with the prior written approval of the Practice; use of further disclose any PHI in a manner that would violate the provision of HIPAA or its regulations; the Employee shall immediately report to the Practice in a timely manner any unauthorized use or disclosure of PHI of which the Employee becomes aware.
- d) The Employee shall not, at any time, remove any PHI from the office premises.

I have read and understand the Practice's policies with regards to privacy and security of all Personal Health Information (PHI). I agree to maintain confidentiality of all information obtained in the course of my employment including, but not limited to, financial, technical, and/or propriety information of the Practice and all personal and sensitive information regarding patients, patient family members, and/or employees. I understand that inappropriate disclosure or release of patient information is grounds for termination.

Employee Name: _____ Date: _____

Printed Name: _____