Western Missouri
MEDICAL CENTER

CONFIDENTIALITY OF INFORMATION AGREEMENT
- HIPAA PRIVACY POLICY AND PROCEDURE -

I, _____, have been informed of and understand Western Missouri Medical Center's HIPAA Privacy Policies and Procedures regarding the privacy of Protected Health Information (PHI), as mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). In addition, I acknowledge that I have received training in the HIPAA Privacy Policies and Procedures regarding PHI use, disclosure as required by HIPAA.

In consideration of my observation at Western Missouri Medical Center, I hereby agree that I will not at any time – either during my association with Western Missouri Medical Center or after my association ends – access, use, or disclose PHI to any person or entity, internally or externally, except as is required and permitted in the course of my duties and responsibilities with Western Missouri Medical Center, as set forth in the HIPAA Privacy Policies and Procedures or as permitted under HIPAA. I understand that this obligation extends to any PHI that I may acquire during the course of my association with Western Missouri Medical Center, whether in oral, written, or electronic form, and regardless of the manner in which access was obtained, by patient, hospital staff, physicians, volunteers or any person(s) associated with Western Missouri Medical Center.

I understand and acknowledge my responsibility to apply the Privacy Policies and Procedures during the course of my association. I also understand that unauthorized use or disclosure of PHI will result in disciplinary action, up to and including termination of my association with Western Missouri Medical Center, and that I could be subject to the imposition of civil or criminal penalties under applicable federal and state law, as well as professional disciplinary action as appropriate.

I understand that this obligation will continue at the end of my association or termination with Western Missouri Medical Center.

_____	_____	_____
Printed Name	Signature	Date