



Galichia Heart Hospital Confidentiality Agreement

As a vendor who is affiliated with (company): _____
I, _____ (printed name) will assure CONFIDENTIALITY by acknowledging and maintaining the right to privacy of ALL information and/or knowledge regarding a patient's medical status, personal affairs or care delivery while in clinical rotation at Galichia Heart Hospital. The agreement to keep all personal affairs, health information, patient medical records confidential continues to apply even after affiliation is terminated.

As part of my affiliation with this organization, I may have access to confidential information including, but not limited to, certain data records, and/or medical information. I understand that I have a responsibility to maintain two aspects of security regarding such information: 1) confidentiality and 2) integrity. I am committed to protect and safeguard from any oral and written disclosure all confidential information regardless of the type of media on which it is stored (paper, computer, etc.) in all information systems with which I may come into contact. I agree that I will not release any confidential information to any unauthorized person and/or permit any person to examine or make copies of any confidential information prepared by me or coming into my possession. Disclosure of such information to a person with no legitimate professional need for such information will be considered a breach in confidentiality.

I understand that any breach of confidentiality, misuse of information found in and/or obtained from records may result in immediate disciplinary action up to and including termination of Medical Staff membership, clinical privileges, and/or employment, and/or legal action. Unauthorized disclosure may give rise to irreparable injury to the patient or to the owner of such information and accordingly the patient or owner of such information may seek legal remedies against me.

(please print)

NAME: _____
(Last) (First) (MI)

RELATIONSHIP TO ORGANIZATION: ___VENDOR_____

I have read, understand and agree to comply at all times with the policies regarding confidentiality, security, and integrity and to the terms of this agreement. I further understand the consequences of violation. My signature implies acknowledgement of the principles herein. Galichia Heart Hospital may require employees, physicians and other healthcare providers to review/affirm this confidentiality/security agreement as necessary.

SIGNATURE: _____ DATE: _____