

# CIVITAN FOUNDATION

## Employee Confidentiality Agreement - HIPAA

This Confidentiality Agreement indicates that I, \_\_\_\_\_ (“Employee”) have been advised of Civitan Foundation, Inc. Policies and Procedures regarding the Health Insurance Portability and Accountability Act (HIPAA) and that I agree to abide by the following:

That the Employee in performing their daily job duties for Civitan Foundation, Inc. will have access to and review confidential client information.

That the Employee agrees to abide by the restrictions and conditions regarding maintaining and protecting confidential client information as contained in Civitan Foundation, Inc. HIPAA Policies and Procedures. Employee further agrees to notify Privacy Officer of any unauthorized use or disclosure of confidential client information not permitted by this agreement or Civitan Foundation, Inc. HIPAA Policies and Procedures.

Employee agrees to use appropriate safeguards to prevent the use or disclosure of confidential client information.

Employee agrees to return any confidential client information in Employee’s possession at the time of termination of employment with Civitan Foundation, Inc.

Employee understands that should he/she engage in activity that willfully violates this agreement it may result in disciplinary action and/or termination of employment. Employee further understands that willful disclosure of unauthorized client information is a violation of Federal and State Laws.

Employee further understands that any future updates to this Civitan Foundation, Inc. Policy and Procedures will be available at Civitan Foundation, Inc. office.

**I HAVE READ AND FULLY UNDERSTAND THIS AGREEMENT.**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_