

### **CONFIDENTIALITY AGREEMENT FOR VISITORS IN CLINICAL AREAS**

As a visitor at Full Range Health Services, you are required to conduct yourself in strict conformance to all applicable laws and FRHS policies governing confidential information. Simply by being in the FRHS, you may encounter confidential patient information. Care is often coordinated in semi-public environments where there is the risk that patient information may be heard or viewed by Individuals not directly involved in the patient's care. FRHS has policies intended to limit the risks of such incidental disclosures of patient information.

You may see or hear information related to FRHS patients (such as charts and other paper and Electronic records, demographic information, conversations, admission/discharge dates, names of attending physicians, patient financial information, etc.). Any patient information you see or hear, either incidentally or by attending meetings, must be kept confidential. By signing below, you are agreeing to abide by FRHS policies regarding confidentiality of patient health information.

As a condition of and in consideration of, my use, access, and/or disclosure of confidential information, I, **(Print Name)** \_\_\_\_\_, understand and agree to the following:

- I will access, use, and disclose confidential information only as permitted by FRPT hosts. This means that
- I will only access, use, and disclose confidential information that I have been given authorization to access, use, and disclose.
- I understand that any fraudulent application, violation of confidentiality or any violation of the above provisions will result in the termination of my privilege to observe and participate in rounds in clinical areas and I may be subject to legal liability as well.

**My signature below indicates that I have read, accept, and agree to abide by the terms and conditions of this Agreement and agree to be bound by it.**

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

### **OVERVIEW OF PRIVACY POLICIES**

Full Range Health Services (FRHS) policy and federal regulations protect the privacy of our patients' health information. The Health Insurance Portability and Accountability Act (HIPAA) is a set of federal rules that defines what information is protected, sets limits on how that information may be used or shared, and provides patients with certain rights regarding their information. FRHS has its own policies that reflect these regulations as well as best ethical standards. FRHS policy and HIPAA regulations limit the use or sharing of protected patient information to the following purposes: providing treatment, obtaining payment for services, certain health care administrative functions and when required or permitted by law. Any other use or disclosure of protected information requires written authorization from the patient. For all uses or disclosures other than treatment, only the minimum amount of information necessary will be shared on a need to basis. The Notice of Privacy Practices describes to patients how we may use or disclose their health information and patient rights regarding their protected health information.