(AFH Name) requires all employees to understand and sign this confidentiality notice. As caregivers we must take great pains to assure that confidential records are kept private. We are often trusted with the most intimate details in our resident’s lives, and we must always maintain this information in complete privacy. Personal health information is protected by federal law, and failure to maintain privacy can be prosecuted severely.

Confidential information is broadly defined as being:

* Any information relating to a patient’s treatment, care, or condition (including but not limited to everything in their medical chart, any patient related phone conversations, any facsimile related to a patient, any non-recorded discussions related to a patient).

This confidentiality notice prohibits current and past employees from sharing any resident personal information, health updates or protected health information without a signed consent from the resident, or resident representative.

By signing below, you accept the responsibility of keeping all confidential information private, and agree to never disclose confidential, professional, and personal health information in a way that violates our AFH or the HIPPA privacy rules (Health Insurance Portability and Accountability Act of 1996). These rules have been provided for your review and are available at [www.hhs.gov/ocr/hippa/](http://www.hhs.gov/ocr/hippa/).

This agreement extends beyond the office walls, and beyond the employment period. I understand that violation of confidentiality in any form represents grounds for disciplinary action up to and including termination of employment.

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Employee Signature Date

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Employee Printed Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

AFH Provider Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

AFH Provider Printed Name Date