# Confidentiality Statement *(Employee or Contractor/Vendor)*

Employees or contractors/vendors may gain access to confidential information in written, unwritten, or electronic form to perform their job or contractual responsibilities. All patient Protected Health Information (PHI – which includes patient medical and financial information), employee records, financial and operating data of the practice, and any other information of a private or sensitive nature are considered confidential.

Employees are responsible for guarding PHI and other confidential information as appropriate. This includes keeping the information secure, private, and out of public viewing. Examples include, but are not limited to:

* Protecting electronic data by logging off when leaving a work station
* Not discussing the information in public areas such as hallways, waiting rooms, etc.
* Not discussing or revealing PHI or other confidential information to other employees without a legitimate need to know
* Not disclosing a patient’s presence in the office or surgery center, without the patient’s consent, to an unauthorized party without a legitimate need to know

Contracted personnel shall not disclose, communicate, or use any individually identifiable health information in any manner other than in the provision of contracted services and within the scope of those services, including limiting disclosure to those who have signed confidentiality agreements and have a need to know. Contracted personnel shall not copy or download confidential information. If confidential information must be copied, the contracted personnel must obtain permission from Central Indiana Orthopedics and return the information to the organization immediately after completion of the activity. Confidential information may only be released to individuals outside Central Indiana Orthopedics by authorized employees.

The unauthorized disclosure of PHI or other confidential information can subject each individual and the practice to civil and criminal liability. Disclosure of PHI or other confidential information to unauthorized persons, or unauthorized access to, or misuse, theft, destruction, alteration, or sabotage of such information, is grounds for immediate disciplinary action up to and including termination of employment or dissolution of the contractual relationship. The obligation to protect confidential information survives the termination of employment or end of contractual obligations with Central Indiana Orthopedics regardless of the reason for such termination.

**Employee/Contractor Confidentiality Agreement**

By signing and dating this agreement, I certify that I understand that the PHI, other confidential records, and data to which I have knowledge and access in the course of my employment or contract with Central Indiana Orthopedics is to be kept confidential, and this confidentiality is a condition of my employment or contractual relationship. This information shall not be disclosed to anyone under any circumstances, except to the extent necessary to fulfill my job or contract responsibilities. I understand that my duty to maintain confidentiality continues even after my employment or contractual relationship has ended.

I am familiar with the guidelines in place at Central Indiana Orthopedics pertaining to the use and disclosure of patient PHI or other confidential information. I understand approval must first be obtained before any disclosure of PHI or other confidential information not addressed in the guidelines and policies and procedures of Central Indiana Orthopedics is made. I also understand that the unauthorized disclosure of patient PHI and other confidential or proprietary information of Central Indiana Orthopedics is grounds for disciplinary action, up to and including termination of employment or dissolution of the contractual relationship.

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| Signature |  | Date |
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|  |  |  |
| Printed Name |  |  |
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| Contracting Company (if applicable) |  |  |