HIPAA CONFIDENTIALITY AGREEMENT

I, understand that as a Vendor deputed at Episource India Pvt Ltd., health care KPO, the use and disclosure of patient information is governed by the rules and regulations established under. The Health Insurance Portability and Accountability Act (HIPAA) of 1996, and related policies and procedures of Epi Source India Pvt Ltd. Therefore, regarding Protected Health Information (PHI), I commit to the following obligations:

1. I will use and disclose confidential health information solely in accordance with the federal (USA Laws on Health Care) and Episource India Pvt Ltd policies set forth above or elsewhere. I also agree to familiarize myself with any periodic updates or changes to such policies in a timely manner.
2. Employee and/or agents /and /or Vendors shall use appropriate safeguards to prevent the use and/or disclosure of all PHI relating to patients, patients family members, clients employees, company’s employees and other healthcare providers-made available by or obtained from patient, client or company.
3. I will take reasonable care to properly secure confidential health information on my computer and will take steps to ensure that others cannot view or access such information. When I am away from my workstation or when my tasks are completed, I will log off my computer or use a password- protected screensaver in order to prevent access by unauthorized users.
4. I will not disclose my personal password(s) to anyone without the written permission of the department head or record or post it in an accessible location and will refrain from performing any tasks using another's password.
5. Upon termination my association I shall return all PHI that I maintain in any form and retain no copies of such PHI without the prior written approval of company and client.

I also understand and agree that my failure to fulfill any of the obligations set forth in this Agreement and/or my violation of any terms of this Agreement shall result in my being subject to appropriate disciplinary action, up to and including, termination of my engagement as Vendor.

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| **Vendor Signature**: |  |
| **Vendor Printed Name**: | Sravani somavarapu |
| **Date**: | 12/01/2022 |
| **Vendor’s Department**: | PET |
| **Witness Signature**: |  |