

Confidentiality Statement

I, _____, acknowledge that in the course of my employment with ABC Group, I have access to records, correspondence, reports, and other information or communications that by their very nature concern patients. I acknowledge such information is confidential and that I have no right to disseminate such information in any manner, to any person, unless specifically authorized by ABC Group.

I acknowledge such information may include contents of the patient medical record, incident reports, and any and all other information and data regarding patient care provided at ABC Group's practice site.

I acknowledge that I have been informed, cautioned, and instructed that information concerning patients that I have received in the course of my employment at ABC Group is strictly confidential and not to be disclosed to any unauthorized person or entity no matter what the nature of the information might be. I fully understand that I may not communicate to other persons or entities information received in my capacity as an employee, or during my employment at ABC Group without appropriate authorization.

I acknowledge that in the event I might disclose any such confidential information without authorization, either intentionally or inadvertently, that I could be legally responsible for breach of confidentiality of such information. I acknowledge that I could be disciplined by ABC Group for this disclosure, which could result in suspension and/or termination.

I acknowledge that I have read and understand this Confidentiality Statement.

Date _____ Signature _____



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P.O. Box 9118, Des Moines, IA 50306

Professional Solutions Insurance Company makes sample policies available to policyholders for use as a general reference when creating or revising policies specific to their practices. The sample policies may not be appropriate for all of your practice's needs. You are encouraged to contact your attorney and/or other advisors when implementing policies in your own practice.