

Statement of Employee Confidentiality

I, _____ understand that in the course of my employment with Community Physical Therapy and Associates, Ltd. (CPT) I share in the responsibility of maintaining the confidentiality of any patient information that I may have access to.

1. I understand that it is my responsibility to comply with CPT's policies and procedures as they relate to HIPAA.
2. I will treat written, electronic, and oral protected health information (PHI) as privileged and confidential.
3. I will not access patient information unless I need to know this information order to perform my job.
4. I am not authorized to discuss any information concerning patient's personal data or medical condition or to disclose PHI to any person or entity, other than as necessary to perform my job and as permitted under CPT's HIPAA policies and procedures.
5. I am responsible for ensuring that discussions regarding patient information are held in appropriate locations with appropriate individuals.
6. I understand that CPT has developed specific policies and procedures that outline the proper use and disclosure of PHI and that I am responsible for being familiar with these polices and procedures, I will contact CPT's Privacy Officer.
7. I understand that I have a password, and it identifies me to the computer system. I will not log on to any of CPT's computer systems using a password other than my own. If at any time I feel that the confidentiality of my password has been broken, I will contact CPT's Privacy Officer.
8. I will safeguard my computer password by not posting it in a public place.
9. I will not allow anyone to use my password to log on to CPT's computer systems.
10. I will log off the computer as soon as I have finished using it.
11. I will not use e-mail to transmit patient information unless I am instructed to do so by the Privacy Officer.
12. Upon cessation of my employment with CPT, I agree to continue to maintain the confidentiality of any information I learned while an employee.
13. If I have an answering machine or fax machine in my home to facilitate the assignment of my duties, I will ensure that access to that device and the protected health information it may contain is maintained in accordance with CPT's policies and procedures.

I acknowledge that I have read and understand CPT's statement concerning employee confidentiality. I understand that violation of this agreement may result in disciplinary action up to and including termination of my employment.

Signature of Employee

Date

Printed name of Employee

Signature of Privacy Officer

Date

HIPAA 101 COMPETENCY QUIZ

TRUE OR FALSE

- _____ 1. The compliance date for HIPAA Privacy Regulations for April 14 2003.
- _____ 2. The HIPAA Privacy Regulations apply to electronic information only.
- _____ 3. Business Associates are not required to ensure the privacy of PHI.
- _____ 4. I must apply the minimum necessary standard when sharing information with other clinicians.
- _____ 5. A social worker must obtain a written authorization before discussing treatment options with a patient since this could be construed as a marketing activity.
- _____ 6. If I accidentally leave some of my paperwork at McDonald's it is just an incidental disclosure.
- _____ 7. As long as a covered entity posts the Notice of Privacy Practices on their website, they do not have to give a copy to every patient.
- _____ 8. I may always share information with members of the patient's family.
- _____ 9. Once the privacy regulation is in effect, I can no longer leave any messages on patients answering machine.
- _____ 10. If a patient wants to amend their medical record, field staff should explain to the patient those medical records cannot be changed so they should not bother to make the request.
- _____ 11. Only the patient has the right to a copy of the Notice of Privacy Practices.
- _____ 12. Any electronic device that I possess that contains PHI should at a minimum be password protected.
- _____ 13. PHI must be protected when in my home.
- _____ 14. A patient who files a privacy complaint can be discharged as non-compliant.
- _____ 15. I must give the patient the lab's Notice of Privacy Practices before I can draw their blood or take a specimen.

NAME:

Print Name

SIGNATURE:

DATE:
