Nonprofit Medical Records Confidentiality Agreement

1. Purpose The purpose of this Agreement is to protect the confidentiality of all medical records and sensitive patient information received, accessed, or created in the course of services provided by the following nonprofit organization: 2. Confidential Information â∈œConfidential Informationâ∈ refers to all patient medical records, personally identifiable health information, discussions, reports, and related documents to which undersigned may have access. Disclosure of any such information to individuals who are not authorized is strictly prohibited. 3. Obligations of Receiving Party • Maintain strict confidentiality of all Confidential Information. • Use Confidential Information solely for authorized nonprofit purposes. • Not disclose Confidential Information to any third party without prior written consent. • Take all necessary precautions to prevent unauthorized access or disclosure. 4. Duration This Agreement and the duties of confidentiality remain in effect both during and after the termination of association with the organization.
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5. Breach
Any unauthorized disclosure or misuse of Confidential Information may be cause for disciplinary action and/or legal remedies in accordance with applicable laws and organization policy.
6. Acknowledgement
By signing below, the undersigned agrees to the terms outlined above and acknowledges responsibility for maintaining the confidentiality of all medical records and related information.
Signature:
Name:
Date:
Organization Representative Signature:

Name & Title:

Date:			
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