

Patient Confidentiality Agreement

This Confidentiality Agreement ("Agreement") is made between:

Healthcare Provider:

Employee/Contractor/Volunteer:

1. Purpose

The purpose of this agreement is to ensure the protection and confidentiality of all patient information that is accessed, used, or disclosed in the course of work with the healthcare provider.

2. Confidential Information

"Confidential Information" refers to all information related to patients, including but not limited to medical records, personal data, health, identification numbers, oral communications, and any other information marked or understood to be confidential.

3. Obligations

- Maintain the confidentiality of all patient information in any form.
- Not access, use, or disclose any patient information except as required to perform work duties and as permitted by law.
- Not discuss patient information in public or unauthorized areas.
- Take reasonable steps to safeguard and secure patient information.
- Immediately report any unauthorized access, use, or disclosure of patient information to the appropriate authority.

4. Duration

These obligations remain in effect both during and after the period of engagement with the healthcare provider.

5. Breach

Any breach of this agreement may result in disciplinary action, termination, and/or legal action, as appropriate.

6. Acknowledgment

By signing below, the undersigned acknowledges understanding and agreement to comply with this Patient Confidentiality Agreement.

Employee/Contractor/Volunteer Name

Signature

Date: _____

Healthcare Provider Representative Name

Signature

Date: _____