

## EMPLOYEE CONFIDENTIALITY POLICY AND AGREEMENT

The relationship between the physician and patient is highly confidential. Information about a patient, his or her illness, and/or their personal life must be kept strictly confidential. As an employee of our office, you may acquire information on a patient during the course of a work day. **ALL** such information, whether that information is medical, financial, or personal in nature, must be kept highly confidential. Under no circumstances should any information regarding our patients be discussed.

**ANY EMPLOYEE FOUND IN VIOLATION OF THE ABOVE POLICY WILL BE SUBJECT TO IMMEDIATE TERMINATION AND/OR OTHER ALTERNATIVE ACTION.**

I hereby acknowledge that I understand and will adhere to the above referenced office confidentiality policy. Patient information shall not be disclosed to anyone, under any circumstances, without the fully executed authorization of the patient. **ANY** unauthorized disclosure of patient information is grounds for disciplinary action, including immediate dismissal.

SIGNATURE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_