



Please check appropriate boxes: ☐ Initial Hire/Orientation ☐ Refresher ☐ Annual

Position: ☐ Employee ☐ Volunteer ☐ Contractor ☐ Student ☐ Other _____

I _____, (PLEASE PRINT NAME) as an employee, volunteer, contractor, or student at Guadalupe Regional Medical Center (GRMC):

- Understand that it is my legal and ethical responsibility to maintain the confidentiality of all patient information, employee information, organizational information, and other confidential data arising from or pertaining to GRMC.
- Agree not to disclose any such information or records to any person outside of GRMC without proper authorization. Information accessed and used for work or research, including outside presentations requires approval as well as privacy documentation **prior to access, use, or disclosure**.
- Understand that each time I access protected health information (PHI), I will only use the minimum necessary PHI required to do that function of my job.
- Understand that unauthorized release of confidential information may make me subject to legal action and/or disciplinary action.
- Understand that references to HIV testing, psychiatric, and drug abuse records, are specially protected and any unauthorized release of such information may make me subject to legal action and/or disciplinary action.
- Understand that my access to all hospital systems (i.e. Meditech, internet, etc.) is audited regularly, and that any inappropriate access may make me subject to legal and/or disciplinary action.
- Understand that I am not to share my log-in user ID and/or passwords with anyone, and that my access to GRMC systems made under my log-in user ID and password is my responsibility.
- Understand that as part of the hospital's responsibilities, the hospital provides training to its personnel.
- Acknowledge that I have received HIPAA training provided by GRMC or the company that I am representing.
- Agree to attend future HIPAA training sessions when requested by GRMC.
- Certify that I am familiar with the hospital's policies and procedures regarding the privacy of health information, including but not limited to, GRMC's Confidentiality/HIPAA Privacy Guidelines, Network Usage Agreement, and the Code of Conduct, and I agree to follow those policies and procedures.
- Agree to promptly report any known or suspected violation of the hospital's confidentiality/HIPAA policies to the Compliance/HIPAA Officer.
- Understand that violation of any portion of the policies and procedures related to the confidentiality of patient information, employee information, or other confidential data may result in immediate termination of my employment.

Signature _____

Date _____