



Confidentiality Statement

All patient Protected Health Information (PHI—which includes zip codes, phone numbers, fax numbers, e-mails, pictures, dates of service, patient history, discharge summary, phone notes, inpatient progress notes, outpatient notes, census, allergies, and financial information), employee records, financial and operating data, whether of Dependable Dental Staffing (“DDS”) or of any DDS client office (collectively DDS and DDS client office are referred to hereinafter as “Office”), and any other information of a private or sensitive nature are considered confidential. Confidential and privacy means that patients have the right to control who will see their protected, identifiable health information. This means that communication with or about patients involving PHI will be private and limited to those who need the information to provide treatment, payment, or healthcare operations. Confidential information should not be read or discussed by any employee unless pertaining to his or her specific job requirements. Violations of this Confidentiality Statement include, but are not limited to:

- accessing confidential information that is not within the scope of your duties;
- misusing, disclosing without proper authorization, or altering confidential information;
- disclosing to another person your sign-on code and/or password for accessing electronic confidential information or for physical access to restricted areas;
- using another person's sign-on code and/or password for accessing electronic confidential information or for physical access to restricted areas;
- intentional or negligent mishandling or destruction of confidential information;
- leaving a secured application unattended while signed on; or
- attempting to access a secured application or restricted area without proper authorization or for purposes other than official business.

The unauthorized disclosure of PHI or other confidential information by employees can subject each individual employee and the Office to civil and criminal liability including, but not limited to penalty, fines and imprisonment under applicable federal and state law. Disclosure of PHI or other confidential information to unauthorized persons, or unauthorized access to, or misuse, theft, destruction, alteration, or sabotage of such information, may result in immediate disciplinary action and termination of employment.

Employee Confidentiality Agreement

I hereby acknowledge, by my signature below, that I understand that the PHI, employee records, financial and operating data of the Office, and other information of a private or sensitive nature, to which I have knowledge and access in the course of my employment with DDS is to be kept confidential, and this confidentiality is a condition of my employment. This information shall not be disclosed to anyone under any circumstances, except to the extent necessary to fulfill my job requirements. I understand that my legal and ethical responsibility to safeguard the privacy of all patients of any DDS client and to protect the confidentiality of their health information continues even after I am no longer employed by DDS.

I am familiar with the policies and guidelines in place at DDS pertaining to the use, access and disclosure of patient PHI or other confidential information. I understand that approval should first be obtained before any disclosure of PHI or other confidential information not addressed in the guidelines and policies and procedures of office client office is made. I also understand that the unauthorized disclosure of patient PHI and other confidential or proprietary information of office client office may result in disciplinary action and termination of my employment, and the imposition of civil and criminal penalties under applicable federal and state law.

Date

Signature of Employee

Print Name

Dependable Dental Staffing
Employer