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HIPAA EMPLOYEE CONFIDENTIALITY AGREEMENT

THIS AGREEMENT entered into this ____ day of _____, 20____, by and between _____, known as the "Healthcare Facility", and _____, known as the "Employee", and known collectively as the "Parties", set forth the terms and conditions under which information created or received by or on behalf of this Healthcare Facility (known collectively referred to as protected health information, or "PHI") may be used or disclosed under State law and the Health Insurance Portability and Accountability Act of 1996 and updated through HIPAA Omnibus Rule of 2013 and will also uphold regulations enacted there under (hereafter "HIPAA").

THEREFORE, in consideration of the premises and the covenants and agreements contained herein, the Parties hereto, intending to be legally bound hereby, covenant and agree as follows:

1. Confidential Information. The Parties acknowledge that meaningful employment may or will necessitate disclosure of Confidential Information by this Healthcare Facility to the Employee and use of Confidential Information by the Employee. The term "Confidential Information" includes, but is not limited to, PHI, any information about patients or other employees, any computer log-on codes or passwords, any patient records or billing information, any patient lists, any financial information about this Healthcare Facility or its patients that is not public, any intellectual property rights of Practice, any proprietary information of Practice and any information that concerns this Healthcare Facility's contractual relationships, relates to this Healthcare Facility's competitive advantages, or is otherwise designated as confidential by this Healthcare Facility.

2. Disclosure. Disclosure and use of Confidential Information includes oral communications as well as display or distribution of tangible physical documentation, in whole or in part, from any source or in any format (e.g., paper, digital, electronic, internet, social networks, magnetic or optical media, film, etc.). The Parties have entered into this Agreement to induce use and disclosure of Confidential Information and are relying on the covenants contained herein in making any such use or disclosure. This Healthcare Facility, not the Employee, is the records owner under state law and the Employee has no right or ownership interest in any Confidential Information.

3. Applicable Law. Confidential Information will not be used or disclosed by the Employee in violation of applicable law, including but not limited to HIPAA Federal and State records owner statute; this Agreement; the Practice's Notice of Privacy Practices, as amended; or other limitations as put in place by Practice from time to time. The intent of this Agreement is to ensure that the Employee will use and access only the minimum amount of Confidential Information necessary to perform the Employee's duties and will not disclose Confidential Information outside this Healthcare Facility unless expressly authorized in writing to do so by this Healthcare Facility. All Confidential Information received (or which may be received in the future) by Employee will be held and treated by him or her as confidential and will not be disclosed in any manner whatsoever, in whole or in part, except as authorized by this Healthcare Facility and will not be used other than in connection with the employment relationship.

4. Log-on Code and Password. The Employee understands that he or she will be assigned a log-on code or password by Practice, which may be changed as this Healthcare Facility, in its

Assigned Employee Confidentiality and Privacy Agreement

Date: _____

As a condition of my assignment by Advanced Care Staffing ("Staffing Agency") with any assigned Advanced Care Staffing Client ("Client"), I hereby acknowledge and agree as follows:

I will not use, disclose, or in any way reveal or disseminate to unauthorized parties any information I gain through contact with materials or documents that are made available through my assignment at Client or that I learn about during such assignment.

I will not disclose or in any way reveal or disseminate any information pertaining to Client or its operating methods and procedures that comes to my attention as a result of this assignment.

Under no circumstances shall I remove copies or documents from the premises of Client.

I have read the attached "Summary of HIPAA Privacy Rules for Temporary Personnel" and understand it. During my assignment with at Client, I will abide by the principles described in this attached summary as well as any privacy policy provided to me by the Client. In particular, I will not use, disclose or in any way reveal or disseminate any protected health information that I learn in connection with any assignment, except in accordance with such principles and privacy policy.

I understand that I shall be responsible for any direct or consequential damages resulting from any violation of this Agreement. This obligation of this Agreement shall remain in effect even after my employment by Staffing Agency has ended.

Assigned Employee

Witness

Printed Name

Printed Name

Signature

Signature

Date

Date

HIPAA Confidentiality Agreement

Federal Health Insurance Portability and Accountability Act

All patients have a right to privacy and all staff including volunteers must respect this right and comply with Keystone Pet Enhanced Therapy Services (KPETS) and the federal law, which insures this right.

- Any information that can identify a patient is considered "Protected Health Information" (PHI) Divulging this information either written or oral is a violation.
- Volunteers will receive minimum information necessary to do the job.
- Conversations with patients should not include questions about their diagnosis, insurance coverage, or anything else that deals with their health information.
- Do not listen to any conversations between patients and medical staff.
- Never discuss anything about a patient unless it is in the performance of your assignment and then only to the proper person and in a manner and location, which insures that the conversation will not be overheard.
- Never discuss anything about a patient outside of the host facility. This includes knowledge of admittance, and emergency treatment. This also pertains to family members, neighbors, friends, church members, etc. who are patients and whom you might see while volunteering. Unless they give you permission to tell someone else, **DO NOT TELL ANYONE.** (This can be difficult at times, because you are caring individuals and would want others who care to know so that they can send a card, say a prayer, etc. However, it is the Law and you must comply. It is also the patient's right to privacy, no matter how good your intentions might be.)
- Key: remember **WHAT** you are saying, **WHERE** you are saying it, and to **WHOM** you are saying it. These three W's can determine whether or not you are being compliant with HIPAA regulations.

I hereby agree that I will not discuss, reveal, copy or in any other manner disclose any PHI that I may see or hear while volunteering for KPETS in various facilities. I understand failure to comply with any of the statements aforementioned in this document is my responsibility and not that of KPETS. Failure to comply would mean legal action and/or immediate disciplinary action, which may include dismissal from membership.

Name (please print clearly) _____

Signature: _____ Date: _____

PRODUCT DEVELOPMENT NON-DISCLOSURE AGREEMENT

This confidentiality agreement, hereinafter known as the "Agreement", is made as of the ____ day of _____, 20____, by and between _____ with a mailing address of _____ hereinafter known as the "inventor" and _____ with a mailing address of _____, hereinafter known as the "3rd Party".

WHEREAS, inventor agrees to furnish certain confidential information, including but not limited to, ideas, inventions, or products for the purposes of assistance in product development, patenting, and licensing to the 3rd Party. This Agreement shall govern the conditions of disclosure by inventor to 3rd Party of certain "Confidential Information". "Confidential Information", as used herein, means all engineering and business information (including prototypes, drawings, data, trade secrets and intellectual property) which:

- (i) If tangible, is identified in writing as confidential at the time of its disclosure to the recipient, or
- (ii) If intangible, is identified at the time of disclosure to the recipient as confidential and is later promptly confirmed in writing within one (1) month from the date of disclosure as being confidential. The term CONFIDENTIAL INFORMATION shall exclude information which is:
 - a. Known or possessed by the recipient at the time of its disclosure to the recipient;
 - b. Publicly known at the time of disclosure to the recipient;
 - c. Subsequently received by the Recipient from another party without restriction on disclosure;
 - d. Subsequently becomes publicly known without violation of this agreement;
 - e. Independently developed by the recipient without access to the CONFIDENTIAL INFORMATION or;
 - f. Disclosed by recipient pursuant to a requirement of a law, regulation or legal process. With regard to the Confidential Information, 3rd Party hereby agrees:
 - i. To hold confidential or proprietary information or trade secrets ("confidential information") in trust and confidence and agree that it shall be used only for the purpose of business product or idea development for inventor and shall not be used for any other purpose, or disclosed to any third party;
 - ii. To safeguard and exercise reasonable precautions against disclosure of the confidential information to others;
 - iii. To not disclose confidential information to any employee, consultant or third party unless they agree to execute and be bound by the terms of this Agreement;
 - iv. That the secrecy obligations of 3rd Party with respect to the information shall continue for a period ending ____ years from the date hereof.

Business Plan Confidentiality Agreement

The undersigned reader of this [Company's Name] Business Plan hereby acknowledges that the information provided is completely confidential and therefore the reader agrees not to disclose anything found in the business plan without the express written consent of [Intellectual Property Attorney's Name].

It is also acknowledged by the reader that the information to be furnished in this business plan is in all aspects confidential in nature, other than information that is in the public domain through other means and that any disclosure or use of the same by the reader may cause serious harm and or damage to [Company Name].

Upon request this business plan document will be immediately returned to [Intellectual Property Attorney's Name].

This is a business plan. It does not imply an offer of any securities.

Applicable Law

This contract shall be governed by the laws of the County of _____ in the State of _____ and any applicable Federal law.

Signature

Date

Printed Name

Go to www.AtYourBusiness.com for more free business forms

Hipaa non disclosure agreement template

The HIPAA Confidentiality and Nondisclosure Expectations model is used by healthcare institutions that want to obtain a mandatory signature during a new implementation. These documents relate to the requirement of confidentiality as defined in the 1996 Health Insurance Contracts Act and 2013 HIPAA Omnibus Rule. When a healthcare facility hires a new employee Confidential information about the facility, staff and even patients. Security Measure This information is kept confidential and should not be disclosed irresponsibly. This model structures the language needed to state the definitions and responsibilities that the new employee must know and accept accordingly. Therefore, this document attempts to clarify the concept of confidential information and what constitutes an employee. The attitude and behavior must be consistent with the information provided by his employer. Of course, the employee must have enough time to carefully review all these terms and conditions so that an informed signature can be provided at the end of this document. Once signed, this agreement has the same binding force as a contract and is therefore legally enforceable. How to write this contract should be downloaded from this page, or MS Word (.docx) by simply selecting the appropriate link below. If you don't have compatible software to edit this screen, you can open it as an Adobe file in an up-to-date browser and print it. When filling in manually, make sure that all the information provided is perfectly legible. 2 Date on this document The date on which these documents are accepted and registered by the new employee must appear on the first statement. In the first blank line, find the phrase included in this two-digit calendar date, in the second blank line, the two-digit month and year in which this document is valid. third empty line. 2 Surname and first name of each participant concerned. Then, the last blank space of this paragraph indicates the name and surname of the employee who accepts the conditions provided for in this agreement.3 The employee mayEnter this agreement with the signature. After being satisfied with reading this document, the employee should sign his name on the empty line called "Employee Signature". (Calls as a "printed name") The employee must submit his name in printed form. The employee must enter the date on which the document signs free in the last field. Note. This date must match in the first paragraph. The HIPAA data protection rule requires health plans and healthcare providers to develop and distribute explanations that contain a clear, user -friendly explanation of individual rights in connection with their personal health information and data protection procedures in health plans and healthcare services. This page offers the possibility of meeting the requirements for creating a privacy statement (SPP). HHS has developed NPF models presented on this site to improve experience and understanding patients. These models use a simple language and accessible design. The following options are divided into two groups, health plans and medical service providers. Each set contains three formatted options and only text in English and Spanish. This is: a note in the form of a brochure (consumers prefer Focus test); Multiple semi -touch instructions that provide summary of information on the first page, followed by full content on the following pages; Note with the design elements that can be found in the brochure but are designed for a full page presentation. Only the text version of the notification. Models reflect regulatory changes in Omnibus rule (2013). In particular, the models emphasize the patient's new right to access his electronic information, which are stored in the electronic patient set when the practice of their provider has honor. Corporations can use these models by entering their own specific information. Please check the Question and Instruction Documents before customizing the notifications. For more information on HIPAA data protection and information requirements, see: AES provider AES English applies to society, it must provide communication of anyone who requires them. The affected company must clearly publish and note on any site that is entitled to provide information about its customer services or services. CivicAnd the National Office for the Coordinator of Information Technology in the field of health technology jointly produced this exemplary report on privacy practices. Affected organizations that are subject to the HighAA Privacy Rule and Section 1557 acquired oversight (ACA) should visit the FAF at . HTML, HTML for more information on slogans warning people with limited English proficiency (LEP) about the availability of language support services and non-discrimination advice for companies. Notice of Privacy Practices. OCR provides more information about Chapter 1557 and translated resources for affected entities at . Revised 2014 Feb. An example of a HIPAA confidentiality and nondisclosure privacy notice is a mandatory document used by healthcare organizations to prevent non-employees from sharing information with third countries (third parties). HIPAA (Health Insurance Portability Act) was enacted in 1996 to protect a person's medical and personal information. Healthcare facilities must protect any information by law that can identify an individual, as well as information stored in physical or electronic documents. The form is not for employees ie H. This can be for temporary workers, visitors and people who have access to confidential information. Step 1 - Download the template. The contract can be saved in the following formats: PDF, Word (.docx) or Rich Text (.RTF). Step 2 - Read the contract carefully so that the signatory understands all parts of the document. .2 Action - In the first box, the parties enter the name of the person who agreed not to disclose the information (non-employment). Then enter the full name of the medical facility. Step 3 - Sign Non-employee must: Sign your name (electronically or manually); Print your full name; and enter the date they signed. signed.