

CONFIDENTIALITY STATEMENT

As an employee or a Contractor, or a visiting professional of the Agency, you may be exposed to some very privileged Patient/client information. Client's right to privacy is not only a policy of the Agency, but it is specifically guaranteed by various statutes and various governmental regulations.

The following are the Agency's guidelines:

1. At no time are you to disclose any client or Agency information to members of your family, friends or acquaintances.
2. When in need of sharing important information you are to contact your immediate supervisor.
3. This Agency stresses that its representatives will not discuss any matter pertaining to a client's physical, emotional, spiritual, psychosocial or financial status or give out a client's telephone number to anyone
4. Further, at no time is a volunteer, employee or visiting professional to take it upon himself/herself to make calls to the client's physician. Clinical concerns will be referred to the primary nurse.

I have read, understand and agree to comply with the Confidentiality Guidelines. I understand that intentional or involuntary violation of this policy may result in termination of my employment or other applicable status. If I violate this policy, the Director of Nursing has the responsibility of reporting this violation to the Agency Administrator.

Signature of Employee or Contractor or visiting Professional

Date

Signature of authorized Agency representative

Date

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