



OSS Health Confidentiality Agreement

CONFIDENTIALITY AND PRIVACY STATEMENT OF ACCEPTANCE

Pursuant to the Privacy provisions of the Health Insurance Portability and Accountability Act of 1996 (45 CFR PARTS 160 AND 164) and applicable state laws, OSS Health, its shareholders, officers, Executive Board, physicians, employees, contract employees, medical/nursing/allied health students, community members, and authorized observers are responsible for ensuring the privacy of individually identifiable and protected health information.

In addition to protected health information, OSS Health, its shareholders, Executive Board, physicians, employees, contract employees, medical/nursing/allied health students, community members serving on committees, and authorized observers are responsible for maintaining the confidentiality and security of information that they may be exposed to or acquire during the course of performing business with, or on behalf of, the organization. This confidential information includes, but is not limited to, all information data, reports, records, summaries, tables and studies, proceedings, whether written or oral, fixed in hard copy or contained in any computer database or computer readable form, as well as any information that is identified as “confidential” between individuals. I am not permitted to access my own medical record or that of my family members without a properly executed signed authorization. All requests for medical records will be forward to the Health Information Management Department for proper processing.

ACKNOWLEDGEMENT

I, the undersigned, hereby acknowledge and agree that I will not disclose protected health information or other confidential information that I may be exposed to or acquire during the course of performing my duties and responsibilities during my tenure as an shareholder, Executive Board member, physician, employee, medical/nursing/allied health students, community members, and authorized observers or other covered entity of OSS Health.

Breaches of protected health information will be reported to the appropriate state and federal agencies as well as the affected patient(s). Breaches of protected health information may result in civil and/or criminal action and liability.

If I am an employee, I further understand that any unauthorized disclosure and/or breach of protected health information or other confidential information may lead to disciplinary action against me by OSS Health, and that such breach of confidentiality may be cause for my dismissal.

Signature

Printed Name

Student- Job Shadow Program (Observing) (i.e. staff, contract staff, student, community member, authorized observer)
Role

Date

OSS Health Staff Member Witness Name

FEMALE OBSERVERS ONLY: Due to potential risks of Anesthetic agents to an unborn fetus, pregnant women are not permitted into the operating room for observation purposes of any kind. In initialing below, the “observer” confirms there is no possibility she is pregnant - _____ (initial of observer).