

PRINT NAME: Last _____ First _____

CONFIDENTIALITY & SECURITY AGREEMENT

All volunteers, medical students, contractors, vendors and other non-ORHS employed personnel must review the confidentiality policy and sign this agreement indicating their awareness of the policy and their willingness to abide by it.

I, the undersigned, have read and understand Oconee Regional Health System's (ORHS) Confidentiality policy on the confidentiality of corporate and protected health information, in accordance with regulatory standards, state and federal law. I further acknowledge I am aware of and understand the policies of ORHS regarding the security of personal health information including, but not limited to, policies relating to the use, collection, disclosure, storage and destruction of personal health information. Initial

In consideration of my association with ORHS, and as part of the terms and conditions of this association, I hereby agree, pledge and undertake that I will abide by these policies and procedures and will not at any time during, or following, my association with ORHS, access or use corporate or personal health information, or reveal or disclose to any persons within or outside ORHS, any corporate or personal health information except as may be required by law, as required in the course of my duties and responsibilities, or in accordance with applicable health system and departmental policies and procedures governing the proper release of information.

I agree to protect and safeguard from any unauthorized disclosure, all Protected Health Information I am exposed to, and to comply with all applicable policies, procedures, laws, rules and regulations, including, without limitation, the privacy and security standards of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

- Penalties for noncompliance with the HIPAA regulatory requirements are \$100 per violation, with a maximum penalty of \$25,000 per requirement per year.
- Fines for the wrongful disclosure of protected health information include fines up to \$50,000 and/or one year in prison for knowing disclosure; fines up to \$100,000 and/or five years in prison for disclosures under false pretenses; and fines up to 250,000 and/or 10 years in prison for disclosures with intent to sell, harm or use for profit.

I understand any unauthorized use or disclosure of such information is grounds for disciplinary action, up to and including immediate termination of my association with ORHS, possible civil and/or criminal penalties and reporting to professional regulatory agencies as applicable.

Signature

Date

I have discussed the Confidentiality Policy and the consequences of a breach with the above named.

ORHS Representative

Date