

Alabama Infectious Disease Center PC

It is the responsibility of all healthcare members (i.e., employees, medical staff, students, volunteers, and outside affiliates) to preserve and protect the privacy and confidentiality of both patient and personnel information. Patient and personnel information from any source, and in any form, is strictly confidential.

- I am aware that all patient and personnel information that is collected, used, stored, and disclosed that comes to my attention as a result of my work here must be kept confidential and secure, both during and after my term of employment or volunteer work.
- I acknowledge that it is my responsibility to be familiar and comply with this practice's policies and procedures regarding privacy, confidentiality, and security of personal information.
- I will access and use patients' information only as necessary to fulfill my role and responsibilities.
- I will access and share patients' information only with individuals in the workplace who need to know or are involved in providing healthcare services to the patient. I will not discuss such information outside the workplace or within listening distance of other people who do not need to know about the information.
- I will strive to keep patient information accurate and up-to-date.
- I understand that I cannot access my own personal information or that of my family, friends, or co-workers unless they are under my direct care or as part of my duties and responsibilities within the practice.
- In the event of a breach or threatened breach of the Confidentiality Agreement, I will notify the individual responsible for office privacy immediately.

I hereby acknowledge that I have read and understand the information contained in this Agreement. My signature below signifies my agreement to comply with the above terms. Failure to comply with these terms may result in disciplinary action, which may include termination of access, termination of employment, withdrawal of privileges, termination of contract, and/or professional disciplinary sanctions.

Print Name	Signature
Date	Witness Signature

Annual Update:

Name	Date	Name	Date
Name	Date	Name	Date