MedStar Georgetown University Hospital

CONFIDENTIALITY STATEMENT

CONFIDENTIAL INFORMATION
I understand that the patient expects to communicate with health care practitioners with confidence that none of the information communicated will be released without appropriate authorization. I have read and understood Policy # 456 "Confidential Patient Information and Patient Privacy" which outlines my duties under HIPAA regulations.

I understand that the information considered confidential involves all reports within medical records, employee health records, and/or automated information systems concerning examinations, tests, treatments, observations, and diagnosis of the patient/employee. It also includes information I learn in conversations with the patient/employee. I understand that patient demographic information, including all financial data, is private.

I understand that information about physician credentialing, quality improvement, utilization management, risk management, and business information of the organization are to be treated as confidential and may only be released by those authorized to do so.

DUTIES AND OBLIGATIONS
I understand and agree that as an employee of Georgetown University Hospital, I must hold certain confidential information in strict confidence, regardless of the method of communication, including but not limited to hard copy, faxed electronically transmitted, oral conversations, or any printed data. This confidence must be kept when performing my duties, as well as during breaks, rest periods and time away from work. I understand that I may not seek access to or release written or computerized confidential information unless my work assignment specifically authorizes me to do so.

I understand that discussions concerning confidential information are not to occur in hallways, elevators, or other public areas where confidential information can be inadvertently overheard by someone not authorized to receive the information. I understand that when I discuss confidential information, I must take precautions so that unauthorized persons will not overhear my discussion.

CONSEQUENCES
I understand that violation of the terms of this statement may result in disciplinary action up to and including dismissal. In addition, I understand the civil and criminal sanctions that may be imposed by the Department of Health and Human Services.

All applicants must click the "I agree" check box in the online application prior to volunteer service at MedStar Georgetown University Hospital.