

Confidentiality Statement

Information that is acquired and processed in the course of performing my training at the Health Plan of San Joaquin (HPSJ) and/or performing my job with the providers and/or facilities listed below must be kept confidential. Confidential information includes, but is not limited to the following:

1. Protected Health Information as defined under the Health Insurance Portability and Accountability Act (HIPAA) acquired or used by HPSJ regarding any patient or health plan beneficiary, physician, or other health care provider.
2. Any materials related to programs and products developed by HPSJ.

Confidential information may be disclosed only to persons or entities having a right to obtain access under applicable law or whose contractual relationship with HPSJ provides for such access. Access or use of protected health information should be limited to the minimum necessary to accomplish the task or purpose for which access is authorized.

Medical information identifiable by patient, in addition to being confidential information, is subject to state and federal laws and regulations respecting the maintenance of confidentiality. All persons employed by the purchasing entity shall abide and be bound by such laws and regulations.

Records or materials, whether in written or electronic form, containing confidential information may not be removed from HPSJ offices.

I have read and will abide by the confidentiality policies as described above.

Signature

Date

Print Name: (First)_____ (MI)_____ (Last)_____

Name of organization:_____

Address:_____

Phone:_____ E-mail: _____

Witness Signature:_____