Student / Volunteer Confidentiality Statement

I, the undersigned, understand that as part of my responsibilities performed on behalf of Primary Health Solutions, I will have access to confidential and proprietary information.

The patients of this practice shall be assured that their health information is secure and maintained in a confidential manner. As a student / volunteer of Primary Health Solutions, I understand that I have a legal, moral, and ethical duty not to violate this right.

I agree to keep confidential and not to disclose any information of a confidential or proprietary nature. Furthermore, I understand that this Confidentiality Statement prohibits me from discussing confidential or proprietary information with any person not authorized to receive such information, including members of my family or any other individual outside the employee of Primary Health Solutions, except those who have authority to receive such information.

Confidential information includes but is not limited to all information and records or copies of records relating to an individual's medical services and condition including certain information identifying specific physicians, facilities or other health care providers, claim forms, inquiries, provider bills and statements, and diagnostic information and codes.

I understand that Primary Health Solutions may authorize release or disclosure of confidential information in certain circumstances. However, release or disclosure of any confidential or proprietary information shall be in accordance with federal and state laws and regulations.

I understand that breach of any of the provisions contained herein shall be result in disciplinary action, and could be grounds for immediate termination of my association with Primary Health Solutions.

I agree that the provisions of the Confidentiality Statement are in effect during my association with Primary Health Solutions and after termination of my association with Primary Health Solutions.

By signing below, I acknowledge that I have read and understand this Confidentiality Statement as it applies to me.

_____
Print

_____   _____
Signature   Date