

## Radiology Consultants Workforce Confidentiality Agreement

As a member of the workforce at *Radiology Consultants* ("Practice"), I understand the following in regard to HIPAA and patient confidentiality:

- The Practice has an ethical and legal responsibility to ensure the confidentiality of patient information. As a member of their workforce, I also have this responsibility.
- As a condition of my employment, I agree to abide by all policies and procedures related to the privacy and security of all patients' protected health information (PHI).
- I will access, use and/or disclose only the PHI that is required for the performance of my job duties. If I have a question about whether or not I should access certain information, I will immediately check with my supervisor or the Privacy Officer.
- Any personal access codes, user IDs, and passwords that I am assigned will be kept confidential at all times and are not to be shared with other workforce members.
- I will not remove any PHI from the Practice, in paper or electronic form, without proper approval from my supervisor or the Privacy Officer.
- I will not disclose information pertaining to patients with anyone that is not authorized to receive such information. This includes but is not limited to, acquaintances, friends, and/or family members.
- I will not disclose PHI on any social media site, such as Facebook or Twitter, or any other internet outlet; including any discussion or description of patients (even if the patient is not specifically identified).
- I will not transmit PHI on any mobile device without using a secure messaging application approved by the Practice. This includes texting PHI to physicians, other workforce members and/or patients. I understand that texting PHI using the regular text messaging application on my phone can result in a HIPAA violation.
- I will not email PHI using a personal email account or any email account not approved by the Practice. If my job requires the use of email, I will follow the specific guidelines established for email by the Practice.
- I will not discuss information pertaining to patients with other workforce members, unless I have a valid work-related reason to do so.
- I will not make any unauthorized copies, modifications or deletion of PHI. This includes, but is not limited to, transferring PHI from the Practice's computer system to an unauthorized location, such as a personal computer, USB drive or personal email.
- Upon termination of my employment with the Practice, I will immediately return all property belonging to the Practice. This would include, but is not limited to, keys to the facility, ID badges, documents, electronic files, computer equipment and/or mobile device.
- I agree that my obligation to maintain confidentiality of PHI will continue after the termination of my employment. I understand that knowingly using or disclosing PHI in violation of the HIPAA Privacy Rule is a criminal offense and I may personally face fines and/or time in jail.
- Any violation of this Agreement may result in disciplinary action, up to and including termination of my employment with the Practice.

I have read the above agreement and agree to comply with all of the terms as a condition of my employment with the Practice.

Signature of  
Workforce Member: \_\_\_\_\_ Date: \_\_\_\_\_  
(Employee/physician/student/volunteer)

Printed Name: \_\_\_\_\_

Signature of  
Privacy Officer: \_\_\_\_\_ Date: \_\_\_\_\_