

Privacy and Protected Information Compliance Form

NAME _____

DEPARTMENT _____

TITLE _____ DATE OF HIRE _____

I have been trained on the policy and procedure regarding the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and how it relates to my specific job description. I fully understand that I have an obligation to take all necessary measures to protect and maintain the highest level of privacy regarding resident information, including personal, medical, and confidential information.

I agree to use any private resident information for the sole purpose of performing my specific assigned job duties.

I acknowledge that any information related to residents must be kept private at all times, including while I am not at work.

I agree not to use any reference to a resident on all forms of social media.

I will keep all passwords confidential and will take all necessary precautions to keep electronic health information secure by:

- a. Not disclosing my password to anyone
- b. Not allowing other staff to chart under my name or password
- c. Closing all computer screens containing resident information upon completion of charting

I also understand and agree that failure to comply with the policy and procedure regarding HIPAA will result in my being subject to appropriate disciplinary action, up to and including termination.

Orientee

Date

Instructor

Date