



# Forks Community Hospital

*“Pioneers in Rural Health Care”*

All patient Protected Health Information (PHI---which includes patient medical and financial information), employee records, financial and operating data of Forks Community Hospital, and any other information of a private or sensitive nature is considered confidential. Confidential information shall not be used or disclosed unless specific permission to do so has been obtained and granted by the privacy officer or designee. Applicable federal and state laws shall be followed to seek patient permission for any use or disclosure of PHI. Examples of inappropriate disclosures include:

- Discussing or revealing confidential information to friends or family members.
- Discussing or revealing confidential information to other coworkers or employees without a legitimate need to know.
- The disclosure of a patient’s presence in the office, hospital, or other medical facility, without the patient’s consent, to an unauthorized party without a legitimate need to know and that may indicate the nature of the illness and jeopardize confidentiality.
- Using patient information for marketing purposes without express permission from the Forks Community Hospital and patient.

The unauthorized disclosure of confidential information can subject an individual and the individual’s employer to liability. Disclosure of confidential information to unauthorized persons, or unauthorized access to, or misuses, theft, destruction, alteration, or sabotage of such information, may result in your immediate removal from the premises and/or revocation of current and future visiting/working privileges of the individual and/or company, and may lead to legal action and/or duty for you to mitigate damages.

## **Confidentiality Agreement**

I hereby acknowledge, by my signature below, that I understand that patient PHI and other confidential or proprietary information of Forks Community Hospital which I may see or hear or otherwise gain knowledge of in the course of my visit/work with Forks Hospital is to be kept confidential, and this confidentiality is a condition of my privilege to visit/work with Forks Hospital. This information shall not be used or disclosed to anyone unless specifically authorized by Forks Community Hospital. The unauthorized use or disclosure of patient PHI is possible grounds for: immediate removal from the premises; revocation of all future visiting/working privileges; legal action; and/or a duty to mitigate damages.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

## **FOR MINORS (Parent/Guardian signature required):**

I, \_\_\_\_\_ parent/guardian of, \_\_\_\_\_ have reviewed the above agreement with my child and am confident he/she understands it and is capable of compliance.

Signed,

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date