



HIPPA CONFIDENTIALITY AGREEMENT

Employees and partners of the practice will have access to confidential information, both written and oral, in the course of their employment and job responsibilities. It is imperative that this information is not disclosed to any unauthorized individuals to maintain the integrity of the patient information. An unauthorized individual would be any person that is not currently an employee/partner of the practice and/or any information. Any other disclosures may only occur at the direction of the *VTM Services* office or by patient authorization.

I have read and understand the practice's policies with regard to privacy and security of personal health information. I agree to maintain confidentiality of all information obtained in the course of my employment including, but not limited to, financial, technical, propriety information of the organization, personal/sensitive information regarding patients, employees, and/or vendors. I understand that inappropriate disclosure or release of patient information is grounds for termination.

I further agree and understand that I will be personally liable for any unauthorized and unlawful disclosure of employees, vendors, and patient's personal/sensitive information in the court of law. *VTM Services* will not be liable against any legal matter upon my negligence in compliance of this HIPPA Confidentiality Agreement.

Signed:

date:

Print Name:
