

## HIPAA Letter of Instruction

(Form to be signed by April 14, 2003 or upon hire, and every three years thereafter)

As an employee/clinical trainee with access to health information, you are expected to maintain the privacy and confidentiality of patient health information, as well as personal information such as age, address, telephone, marital status, etc. Recently enacted federal rules, adopted as part of the Health Insurance Portability and Accountability Act "HIPAA", mandate new requirements designed to enhance patient privacy.

The violation of these rules could result in significant civil and criminal penalties for you and your employer, particularly if an improper disclosure of information is done knowingly and for personal gain. You have received or will receive training regarding these rules. In general, however, disclosure of health information to anyone other than the patient typically requires the patient's express written authorization except in the following situations: 1) to co-employees who need the information for their job, or to a supervisor, 2) to another medical provider for treatment purposes, or 3) to an insurance company to obtain payment for a service.

As part of your job responsibilities/training, you are expected to comply with HIPAA and all procedures developed for its implementation. Violation of these rules may result in discipline up to, and including, termination for a first offense or if you are student, suspension or expulsion from your clinical program. Further, you may not retaliate in any manner against a patient who has exercised rights provided by HIPAA. If you have questions, please discuss it with your supervisor or the designated privacy officer. Please acknowledge receipt of this letter by signing below.

Employee: (print name) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

cc: personnel file