



HIPAA Confidentiality & Non-Disclosure Agreement

This HIPAA Confidentiality & Non-Disclosure Agreement is entered into between the employee or contractor named below and Absolute Senior and Home Care Services – Healthcare Staffing Division. This agreement ensures compliance with the Health Insurance Portability and Accountability Act (HIPAA), patient privacy standards, and all federal and state confidentiality laws.

1. Access to Protected Health Information (PHI)

I understand that during my employment or assignment, I may access confidential patient information, including medical records, demographic data, billing information, and any data classified as PHI under HIPAA.

2. Confidentiality Responsibilities

I agree to maintain the confidentiality of all PHI. I will only access PHI as required to perform my job duties and will not disclose, copy, or remove information unless properly authorized.

3. Prohibited Activities

The following activities are strictly prohibited:

1. Accessing PHI for personal curiosity
2. Discussing patient information with unauthorized individuals
3. Removing PHI from a facility without permission
4. Discussing PHI in public or non-private settings

4. HIPAA Compliance

I acknowledge that unauthorized access, disclosure, or misuse of PHI may result in disciplinary action, termination, financial penalties, and legal consequences.

5. Reporting Requirements

I agree to report any suspected breach, unauthorized disclosure, or misuse of PHI immediately to management.

6. Continuing Obligations

My duty to protect PHI continues after termination of my employment or contract.

7. Acknowledgment and Agreement

By signing below, I acknowledge that I understand and agree to comply with all HIPAA confidentiality requirements and organizational privacy policies.

Employee/Contractor Name: _____

Signature: _____

Date: _____