

Confidentiality and Non-Disclosure Agreement

Mandatory Employee, Volunteer and Contractor Confidentiality and Non-Disclosure Agreement

Kaniksu Community Health requires all employee, volunteers and contractors to sign this form at time of hire or service commitment in agreement not to disclose confidential information obtained during employment or service with KCH.

IMPORTANT: *Please read this entire section below before signing this Agreement. If you have any questions regarding the Agreement, please contact your supervisor. A signed copy of this agreement will be placed in your personnel file.*

Disclosure of Patient Information:

I _____, recognize and acknowledge that the services that KCH provides for its patients are confidential. In order for KCH to perform these health care services; patients, clinical facilities, insurance companies, and other health care entities are required to furnish KCH with confidential information.

The good of KCH depends upon, among other things, keeping such services and information confidential. By reason of my duties, I may come into possession of information and documents, including claims, medical records and other medical and financial information concerning the services performed for patients of KCH.

I agree that, except as directed by my supervisor, or in accordance with any state or federal law or valid court order, I will not at any time during or after my employment by KCH disclose any such confidential information to any person whatsoever, or permit any person whatsoever to examine or make copies of any reports or other documents prepared by me or coming into my control, or to which I have access through my employment at KCH.

I recognize that such disclosure may give rise to irreparable injury to the patient and to KCH and that KCH may, in addition to terminating my employment, pursue any legal remedies against me.

I agree that I will, at all times, comply with all security regulations in effect, pertaining to materials and communications regarding KCH patients and operations, both on and off KCH premises.

I have read all of the above sections of this Agreement, and I understand and will comply with them.

Employee, Volunteer or Contractor Signature

Date:

Employee, Volunteer or Contractor Printed Name