



# TDY Medical Staffing, Inc.

## EMPLOYEE PRIVACY ACKNOWLEDGEMENT

*I understand that while performing my official duties I may have access to protected personal and health information as defined in the Health Insurance Portability and Accountability Act of 1996 (HIPAA). I also understand that:*

- Protected health information is individually identifiable health information that is created, maintained or used within or by TDY and its employees.
- Protected health information is not available to the public.
- Special precautions are necessary to protect this type of information from unlawful or unauthorized access, use, modification, disclosure or destruction.

*In order to help ensure the confidentiality and privacy of this information, I agree to:*

- Access, use or modify protected health information only as needed for the purposes of performing my official duties.
- Never access or use protected health information out of curiosity, or for personal interest or advantage, or in the presence of any unauthorized third party.
- Never show, discuss, or disclose protected health information to or with anyone who does not have the legal authority.
- Never retaliate, coerce, threaten, intimidate or discriminate against or take other retaliatory actions against individuals or others who file complaints or participate in investigations or compliance reviews.
- Never remove protected health information from the work area without proper written authorization.
- Never share passwords with anyone or store passwords in a location accessible to unauthorized persons.
- Always store protected health information in a place physically secure from access by unauthorized persons and out of plain view.
- Dispose of protected health information by utilizing an approved method of destruction (i.e., shredding). I will not dispose of such information in wastebaskets or recycle bins.

I understand that penalties for violating any of the above limitations may include disciplinary action including possible termination, civil or criminal prosecution. "I certify that I have read, understand and agree to the Privacy Acknowledgement Statement printed above."

\_\_\_\_\_  
Print Full Name (first, middle initial, last)

\_\_\_\_\_  
Signature

Date Signed: \_\_\_\_\_