



Confidentiality Agreement

PERSONAL HEALTH INFORMATION PLEDGE OF CONFIDENTIALITY

I, the undersigned, have read and understand the Wesley Glen Privacy Policy Statement regarding HIPAA compliance (*Health Insurance Portability and Accountability Act of 1996*).

In consideration of my employment or association with Wesley Glen and as a part of the terms and conditions of my employment or association, I hereby agree, pledge and undertake that I will not at any time, during my employment or association with Wesley Glen or after my employment or association ends, access or use personal health information, or reveal or disclose to any persons within or outside Wesley Glen, any personal health information except as may be required in the course of my duties and responsibilities and in accordance with Wesley Glen policies governing proper release of information.

I understand that my obligations outlined above will continue after my employment/contract/association/appointment with Wesley Glen ends.

I further understand that my obligations concerning the protection of the confidentiality of personal health information relate to all personal health information whether I acquired the information through my employment/contract/association/appointment with Wesley Glen or within any of the healthcare facilities within the Wesley Glen affiliates.

I also understand that unauthorized use or disclosure of such information will result in a disciplinary action up to and including termination of employment/contract/association/appointment, the imposition of fines pursuant to HIPAA, and a report to my professional regulatory body, if any.

Printed Name of Individual Making Pledge

Date

Signature of Individual Making Pledge

Date

Signature of Individual Administering Pledge

Date