



Hospice Family Care Inc.

Confidentiality Statement

As an employee, student, volunteer, or individual acting in any capacity in connection with Hospice Family Care, Inc., I agree to the following:

1. All charts, notes and other written material concerning patient/family that contains patient names will be returned to be filed and/or locked for security reasons when not in use.
2. Discussions regarding patients/families will be held only staff offices or other places that assure privacy and only with authorized HFC personnel.
3. No privileged information about patients/families will be discussed with their family and/or friends.
4. For privileged information, written or verbal to be shared with other agencies and professionals written authorization must first be obtained from the patient or his/her legal representative.
5. Access to medical is limited to employees of HFC and graduate students (interns) who are supervised by staff and whose job description requires access to medical records. Access to medical records by anyone else must be approved the President of Hospice Family Care.

I recognize that any violation of the above that causes unauthorized disclosure of confidential patient/family or employee information is cause for immediate termination without entitlement to any notice or pay in lieu of notice.

Print Name

Sign Name

Date