

Confidentiality and Computer Use Agreement

Acknowledgement of Corporate Compliance

Pike Health Services, Inc. provides health care services under the registered names, Pike Community Hospital (PCH) and Pike Medical & Surgical Associates (PM&SA). Where reference is made below to PCH, this policy also applies to PM&SA.

Confidentiality

I recognize and acknowledge that the services performed by PCH for its patients and the protected health information (PHI) it collects and maintains on its patients are confidential. I, by reason of my employment at PCH, may have access to PHI, for example, the medical record, chart, hand-written notes about patients, x-rays, billing information, etc. I agree that I will not, at any time during or after access to PHI, disclose (which could mean giving someone records, or talking with someone) such PHI to any person or entity unless it is for patient treatment, payment, health care operations or required by law. I understand that the use or disclosure of such information may cause damage to the patient or this facility, and may violate state and federal confidentiality provisions.

I recognize and acknowledge that all documents containing PHI are the property of PCH. No information with PHI shall be removed from this facility or transported to another facility, unless specifically approved by the HIPAA Officer or designee, and that I will keep no negatives, photocopies or computer disks, give, or sell any of those items to a second party.

I acknowledge that in receiving, storing, processing or otherwise dealing with any PHI from this facility, I am fully bound by HIPAA federal regulation, Ohio State laws, and any other applicable law.

Computer Access and Use

PCH utilizes computer systems extensively throughout the organization to support patient care, teaching, research, and business functions. By signing this document, I confirm that I am fully aware of the duties and responsibilities inherent to the HIPAA guidelines.

Ethics and Compliance

Each employee of Pike Community Hospital has an individual responsibility for reporting any activity by a colleague, physician, subcontractor or vendor that appears to violate applicable laws, rules or regulations. PCH makes every effort to maintain, within the limits of the law, the confidentiality and identity of any person who reports any possible misconduct. Pike Community Hospital does not tolerate retribution or discipline against anyone who reports a possible violation in good faith.

Acknowledgement of Corporate Compliance at Pike Community Hospital

I acknowledge that I have read and reviewed the Pike Community Hospital Employee Handbook and have been in-serviced on the Healthcare Insurance Portability and Accountability Act (HIPAA) and the Corporate Compliance Program, and understand the concepts of each. I am aware of my obligation to comply with the standards set forth or face disciplinary measures. I will cooperate with the Hospital and its Corporate Compliance Officer to the extent necessary to implement these concepts.

I understand that I have a duty to report any suspected violations to my immediate supervisor, HIPAA Officer, Corporate Compliance Officer, or Administration and agree to do so if I become aware of any violations.

My signature below acknowledges compliance with the provisions expressed in the Confidentiality and Computer Access Agreement and Acknowledgement of Corporate Compliance.

Name (please print)

Date

Name (please sign)

Note: This signed form will be retained as a record that you have been advised of your obligations and privileges as an employee of Pike Community Hospital.