

Confidentiality Statement

Hiring Resource

ACKNOWLEDGEMENT OF RECEIPT

I have received and read the CA (Front Back) Desk Manual. I understand and agree that I am responsible for understanding this Manual, and I have been given sufficient time to do so. I understand that these materials are for the benefit of the clinic, and cannot be copied or reproduced except in the normal course of business. I hereby agree to the Clinic's terms and conditions of employment as outlined in the CA (Front Back) Desk Manual, without exception.

Date _____

Printed Name _____

Signature _____

CONFIDENTIALITY STATEMENT

I understand and agree that as an employee of this Clinic, I must keep all patient information, including, but not limited to, health record information, in strictest confidence and reveal none of it without proper patient authorization. I also understand and agree that any intentional or even involuntary violation of patient confidentiality may result in punitive action against me, including civil or criminal penalties, and/or disciplinary action by the Clinic up to and including immediate termination of employment.

Date _____

Printed Name _____

Signature _____