



**Advanced Staffing Associates
CONFIDENTIALITY AGREEMENT**

I understand that in the course of providing temporary services at Advanced Staffing Associates, I may have access to Protected Health Information and Proprietary Information.

"Protected Health Information" means any information that is created or received by a any organization relating to a patient's past, present or future physical or mental health or condition, the provision of health care to a patient or the past, present or future payment for the provision of health care to a patient.

"Proprietary Information" means company personnel records, employee health records, administrative and financial information, marketing materials, business plans and practices, forms, agreements, policies, guidelines, inventions, know how, software systems and products, and any other data, documents and information owned by or in the custody or possession in any organization regardless of form or storage medium.

By signing this document, I agree:

1. To abide by all company policies, procedures and guidelines relating to the use, access and protection of Protected Health Information and Proprietary Information, as amended from time to time.
2. To hold in strictest confidence all Protected Health Information and not to disclose or discuss Protected Health Information with any other third party, including friends or family, except as permitted by organizational policies, procedures and guidelines.
3. To use Protected Health Information and Proprietary Information only in connection with the performance of my duties on behalf of the organization, and not remove Protected Health Information and/or Proprietary Information from our clients premises except as required by my position in accordance with company policies, procedures and guidelines.
4. That I will not discuss Protected Health Information where unauthorized persons can overhear the conversation.
5. That I will access Protected Health Information and Proprietary Information for the sole purpose of performing my approved job function and will not access Protected Health Information and Proprietary Information at the request of others who do not have a need or right to have access to such Protected Health Information and Proprietary Information.
6. That I will not leave my computer terminal unattended while on-line or share or lend my user password or authentication code or device with any other person.
7. To ensure that all Protected Health Information is retained and destroyed according to company policy, procedures and guidelines.

I understand that:

1. Access to and use of Protected Health Information is subject to regular audit and monitoring.
2. The restrictions described in this Agreement are in force at all times and in all locations (including remote access).
3. If I fail to comply with the terms of this Agreement, I may be subject to disciplinary action, including termination from my position.
4. A patient's right to the confidentiality of Protected Health Information is protected by state and federal laws and company policies, procedures and guidelines.
5. If I violate this Agreement, I may, as an individual, be subject to civil or criminal legal action for which I will not be provided defense counsel or insurance coverage by the company.
6. I understand that my obligations under this Agreement shall survive termination of my position and termination of this Agreement.

Signature: _____

Name (Print or Type): _____

Date: _____