



Advanced Staffing Associates
Employment Specialists Since 1987!

HIPAA PROTOCOL

You have been extended a temporary opportunity to work with Advanced Staffing Associates. Our client as well as Advanced Staffing Associates is subject to the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The Privacy and Security Regulations within that law require that you be in complete compliance with the intentions of the law. The Office of Civil Rights has been given the authority to enforce the privacy regulations. Both civil and criminal penalties are associated with these regulations.

Among the many regulations there are several with which you must become familiar and obey.

HIPAA creates new rules that all 50 states must follow to protect health information. Protect means that only people who are allowed or need the information access it. Patient information protected by HIPAA is called Protected Health Information (PHI).

Confidentiality must be maintained for any information related to diagnosis, treatment, medical history and prognosis of the patient.

Confidentiality must also be maintained for any individually identifiable information, such as social security number, medical record or account number, address, etc.

PHI exists in spoken, written and electronic formats and through visual observation.

In summary, Protected Health Information (PHI) is anything you see or hear that lets you know about the health of a specific patient as well as personal identifiers.

Therefore, in your capacity as a temporary employee, you must never attempt to access PHI without a business need, never remove PHI from its source and never reveal PHI to any person.

In order to be employed with Advanced Staffing Associates, you must sign a separate confidentiality statement and sign the next page of this protocol. Signing these documents will indicate that you have read the HIPAA information provided by Advanced Staffing Associates and you agree to uphold the directions we as well as our client provides to help safeguard the confidentiality of our patients' protected health information.

Thank you in advance for your cooperation.

Certification of HIPAA Protocol

I have read and understand the HIPAA Protocol Information. Further, I understand that I am expected to maintain the confidentiality of all protected health information to which I am exposed.

Signature

(Print Name)

Date