



Metro 1 Home Healthcare Service, Inc.

Metro 1 Home Healthcare Services Inc.
3010 Bordentown Ave,
Suite B5
Parlin NJ 08859 Tel: 732525-3600 Fax: 732-525-0001

Employee confidentiality Statement-HIPAA

Employee Name _____ Date _____

As an employee assigned to a patient or client, you may, have access to patient or client's health care information related to medical care, or personnel information related to other co-workers. Patient and personnel information from any source and in any form, including paper record, oral communication, audio recording, and electronic display, is strictly confidential. Access to confidential patient and personnel information is permitted only on a need -to-know basis and may not be disclosed unless authorized by agency policy or specified consent of individuals involved.

It is the policy of Metro 1 Home healthcare that employees, respect and preserve the privacy and confidentiality of patient and personnel information. Violations of this policy include, but are not limited to:

- Accessing information that is not within the scope of your job;
- Misusing or disclosing, patient r personnel information without proper authorization
- Disclosing to another person your sign-on code, or another person's sign-on code and password for accessing electronic or compute ed records;
- Leaving a secured document attended (hardcopy or computer screen) Attempting to access a secured document without proper authorization.

Violation of HIPAA Policies may constitute grounds for corrective actions up to and including termination of employment or loss of practice privileges in accordance with federal or state law.

I have received instruction on the confidentiality provisions of Privacy Regulations under the Health Insurance Portability and Accountability Act of 1996 (HIPPA) in addition to orientation to Metro 1 Home HealthCare Confidentiality policy. I understand that when assigned to a patient/client I am responsible for compliance with the respective HIPPA regulations and policies.

I have read, understand and agree to comply with their terms of the above statement and will comply with the HIPAA regulations and confidentiality policies of Metro 1 Home HealthCare Services Inc.

Employee Signature _____ Date _____