



Confidentiality/Security Acknowledgement

By _____

Galen Medical Group, P.C. ("Galen") has a legal and ethical responsibility to safeguard the privacy of all patients and protect the confidentiality and security of all Protected Health Information ("PHI"). You have a personal, legal obligation to do the same. During your affiliation with Galen you may hear information related to a patient's health or read or see computer or paper files containing PHI, whether or not you are directly involved in providing patient services. You may also create documents containing PHI.

As part of your affiliation with Galen, you must strictly adhere to the following rules regarding confidentiality and security of all PHI. This strict adherence is your professional responsibility, as well as an obligation imposed by law. As a condition of your affiliation with Galen, you promise and agree as follows:

Protected Health Information ("PHI")

I will regard patient confidentiality as a central obligation of patient care. I understand that all information that in any way may identify a patient or that relates to a patient's health must be maintained in the strictest confidence. Except as permitted by this Acknowledgement, I will not at any time during or after my affiliation with Galen speak about or share any PHI with any person or permit any person to examine or make copies of any patient reports or other documents that I come into contact with or which I create, except as directed by a Galen supervisor or physician pursuant to a patient authorization.

Permitted Use of Confidential Patient Information

I understand that I may use and disclose PHI only to other providers of health care services, if the purpose of the disclosure is for treatment, consultation, or referral of the patient. If my Galen supervisor directs, I may also disclose information for payment and billing purposes and/or internal operations.

Prohibited Use and Disclosure

I understand that I must not access, use or disclose any PHI for any purpose other than stated in this Acknowledgement. I may not release patient records to outside parties except with the written authorization of the patient, the patient's representative, or for other limited or emergency circumstances. I must neither physically remove records containing PHI from the Galen offices, nor alter or destroy such records. Persons who

have access to patient records must preserve their confidentiality and integrity, and no one is permitted access to health information without a legitimate, work-related reason. I also agree to immediately report to my Galen supervisor any non-permitted disclosure of PHI that I make by accident or in error. I agree to report any use or disclosure of PHI that I see or know of others making that may be a wrongful disclosure.

Safeguards

If I must discuss PHI with other healthcare practitioners in the course of my affiliation, I will use discretion to ensure that others who are not involved in the patient's care cannot overhear such conversations. I understand that when PHI is within my control, I must use all reasonable means to prevent it from being disclosed to others except as permitted by this Acknowledgement. Protecting the confidentiality of PHI means protecting it from unauthorized use or disclosure in any format, oral/verbal, fax, written, or electronic/computer.

Computer Security

I agree not to send PHI in an e-mail unless my Galen supervisor specifically directs me to do so. I will not attempt to access information by using a user identification code or password other than my own, nor will I release my user identification code or password code to anyone, or allow anyone to access or alter information under my identity.

Confidentiality/Security Acknowledgement

Physical Security

I will take all reasonable precautions to safeguard confidential information. These precautions include Galen policies for such safeguards.

Termination

When I leave my affiliation with Galen, I will ensure that I take no identifiable PHI with me, and I will return all PHI in whatever format to the Galen. If PHI is not original documents, but rather my own personal notes, I must ensure that such information is destroyed in a manner that renders it unreadable and unusable by anyone. The reason for my departure shall not affect my ongoing obligation to safeguard the confidentiality and security of PHI and to return or destroy any such information I may have in my possession.

Violations

I understand that violation of this Acknowledgement may result in corrective action, up to and including termination of my affiliation with Galen. In addition, violation of privacy or security regulations could also result in fines or imprisonment.

Other Confidential Information

In the course of my affiliation with Galen, I may also come to know or possess other Confidential Information that is not patient related, such as business plans, strategic plans, ongoing discussions with third parties, business documents, trade secrets, processes, customer lists, sales records, pricing lists, and other compilations of

confidential information. I agree to maintain all such Confidential Information in strictest confidence and I shall not use or disclose the Confidential Information in any case to any party.

Disclosures Required by Law

I understand that nothing in this Acknowledgement prevents me from making a disclosure of PHI or Confidential Information if I am required by law to make such a disclosure.

Additional Instruments and Actions

I will execute such additional instruments and take such further action as may reasonably be necessary to carry out the intent of this Confidentiality/Security Acknowledgement. By my signature below, I acknowledge that I have read and agree to the terms and conditions of the Confidentiality/Security Acknowledgement.

Signature: _____

Printed name: _____

Date: _____