

4.18 CONFIDENTIALITY OF CLIENT INFORMATION

Policy:

The agency personnel must read and sign their acknowledgment of the following statement:

By accepting employment with the agency, I agree to carefully refrain from discussing any client's condition or personal affairs with anyone outside of the agency, unless expressly authorized to do so.

I will not share my medical information with other clients or visitors without clear instructions provided to the agency. I acknowledge that all information seen or heard regarding clients, directly or indirectly, is completely confidential and is not to be discussed, even with my family of coworkers.

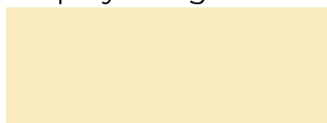
My job as an employee requires that I govern myself by high ethical standards. Failure to recognize the importance of confidentiality is not only a breach of professional ethics, but can also involve an employee in legal proceedings. I will not share any information about clients or the agency with the media.

The employee will protect all electronic records, including passwords, as outlined in the HIPPA manual. This is essential for protection of both the client and agency.

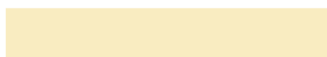
I further understand that at no time am I allowed a client to endorse a check over to the home care agency or myself.

I have read and understood the above statement and agree to abide by these policies. I understand that a breach of policy may result in disciplinary action and possible dismissal of employment.

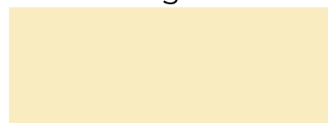
Employee Signature:



Date:



Witness Signature:



Date:

