

HOSPITAL & MEDICAL CENTER
CONFIDENTIALITY AGREEMENT
- ParkMed, Inc. -

Please send white copy
to: ParkMed, Inc.
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To the ParkMed Attendants / Valets / On-site Management Staff:

The Health Insurance Portability and Accountability Act of 1996, also known as "HIPAA" requires Hospitals and Medical Centers to diligently protect the confidentiality of our patients by safeguarding not only their health information, but also their demographic data and other personal details relating to their current and past hospital visits. If a patient (or the family) requests anonymity, we may even guard the fact that a patient is here as an inpatient in the hospital. All of the Medical Center's team members have received extensive HIPAA training and share a mutual commitment to patient privacy...a commitment that has been observed and acknowledged by our grateful patients. We hope that you too will recognize that the protection of our patients' privacy, along with quality care, safety, and security, is our ethical and legal responsibility. In fact, it is also a federal law. Any breach of a patient's confidentiality is a felony.

ParkMed's employees must protect the confidentiality of patient information meaning protecting it from any unauthorized use or disclosure in any form: oral, fax, written, or electronic. In your role as a parking attendant, valet, or site-manager working for ParkMed at the Medical Center, you may overhear discussions relating to a patient's identification or diagnosis, or you otherwise may have accidental access to paperwork containing confidential patient information while assisting a patient or family member. The patient or a family member may leave behind such paperwork (i.e. on a car seat).

As you will no doubt experience this 'incidental contact' with confidential patient information, we are requesting that you review, then sign, the following 'Acknowledgement of Understanding.' Signing this document is a condition of your association with our organization and acknowledges your responsibility to safeguard the privacy of our patients.

Acknowledgement of Understanding:

I understand that, during the course of my workday, any information that is disclosed to me about a patient's identity, or that relates to their health history or present condition (even if disclosed by the patient him- or herself!) must be maintained in the strictest confidence. I understand that I have a responsibility to keep any patient information that I may overhear during work hours from being disclosed to my co-workers or to other persons outside of the Medical Center.

I further understand that I am not authorized to deliberately access any patient's medical information or the Medical Center's Information Systems unless specifically authorized to do so. I will not discard or make copies of any patient information inadvertently left in my vehicle or remove any such documents from the premises.

I acknowledge my understanding that any violation of this Agreement may result in legal sanctions imposed by the government, including, but not limited to, termination of my (and my employer, ParkMed's) ability to perform services on behalf of the facility.

I, the undersigned, acknowledge that I have read and understand this Confidentiality Agreement.

_____ / ____ / ____ _____ / ____ / ____
(Your Signature) (Date) (Witness Signature) (Date)

IMPORTANT: Please print your name legibly here: _____
(Print Name)

This Agreement has been written specifically for the "valet attendants" & site-managers employed by ParkMed, Inc., a healthcare parking, transportation, & hospitality vendor which has been contracted with the Medical Center for their parking and transportation services.