



4105 MASON RIDGE DRIVE, ANNANDALE, VA 22003 | PHONE: (703) 941-4083
HELLO@WINFIELDMOUNT.COM | WWW.WINFIELDMOUNT.COM

WMHS - CONFIDENTIALITY STATEMENT

It is the policy of Winfield Mount Health Services, that all patient Protected Health Information (PHI—which includes patient medical and financial information), employee records, financial and operating data of the practice, and any other information of a private or sensitive nature are considered confidential. Confidential information should not be read or discussed by any employee unless pertaining to his or her specific job requirements. Examples of inappropriate disclosures include:

- A. Employees discussing or revealing PHI or other confidential information to friends or family members.
- B. Employees discussing or revealing PHI or other confidential information to other employees without a legitimate need to know.
- C. The disclosure of a patient’s presence in the office, hospital, or other medical facility, without the patient’s consent, to an unauthorized party without a legitimate need to know, and that may indicate the nature of the illness and jeopardize confidentiality.

The unauthorized disclosure of PHI or other confidential information by employees can subject each individual employee and the practice to civil and criminal liability. Disclosure of PHI or other confidential information to unauthorized persons, or unauthorized access to, or misuse, theft, destruction, alteration, or sabotage of such information, is grounds for immediate disciplinary action up to and including termination.

WMHS’ Employee /Contractor Confidentiality Agreement

I hereby acknowledge, by my signature below, that I understand that the PHI, other confidential records, and data to which I have knowledge and access in the course of my employment with **Winfield Mount Health Services, Inc.** is to be kept confidential, and this confidentiality is a condition of my employment.

WMHS-07/1



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This information shall not be disclosed to anyone under any circumstances, except to the extent necessary to fulfill my job requirements. I understand that my duty to maintain confidentiality continues even after I am no longer employed.

I am familiar with the guidelines in place at **Winfield Mount Health Services, Inc.** pertaining to the use and disclosure of patient PHI or other confidential information. Approval should first be obtained before any disclosure of PHI or other confidential information not addressed in the guidelines and policies and procedures of Winfield Mount **Health Services, Inc.** is made. I also understand that the unauthorized disclosure of patient PHI and other confidential or proprietary information of **Winfield Mount Health Services, Inc.** is grounds for disciplinary action, up to and including immediate dismissal.

Date: _____

Signature of Employee/Contractor: _____

Print Name: _____

Supervisor
Name: _____

Supervisor
Signature: _____

Date: _____