



## HIPAA Privacy and Security Agreement & Acknowledgement

As an associate or non associate of St. Vincent's Health System, I commit to maintaining confidentiality in accordance with hospital policies and the law.

**I will:**

- Take patient privacy seriously
- Maintain the confidentiality of patients' protected health information (PHI)
- NEVER share my password
- Only access PHI that I have been authorized by STVHS to access
- Disclose PHI to the appropriate individual or entity if necessary for the treatment of a patient
- Disclose PHI to the appropriate individual or entity to the minimal extent necessary to facilitate payment or hospital operations
- Disclose PHI at the direction of only physicians involved in the patient's care
- Complete all required training by end of each year
- Know STVHS HIPAA and HITECH Policies
- Abide by hospital policies governing the use of hospital computers as outlined in the Acceptable Use Policy and internet access as outlined in the Internet Usage Policy
- Seek advice when unsure of how HIPAA applies to a situation
- Refer patients that ask for copies of their medical records to the Health Information Management (HIM) department
- Never directly access my relatives, my friends and even my own medical information
- Contact Health Information Management to obtain my medical information
- Be sure STVHS Official PHI Fax Coversheet accompanies all faxed PHI
- Make sure computer screens containing PHI are not accessible to the public view
- Report all HIPAA violations and suspected-violations immediately to the Corporate Responsibility Office
- Report privacy and security concerns to the STVHS Privacy Officer/Information Security Officer, STVHS Management or via STVHS-Ascension Health Values Line (800-707-2198 or [www.ascensionhealthvaluesline.org](http://www.ascensionhealthvaluesline.org))

I have read, understand, and agree that as an associate or agent employed by St. Vincent's Health System, I am committed to uphold the highest standard of individual ethical and legal business practices as outlined in STVHS Standards of Conduct. I also understand that knowingly disclosing PHI contrary to the protections as provided by the Health Insurance Portability and Accountability Act of 1996 (as amended) may result in immediate termination

and I may be held accountable in a court of law, fined up to \$50,000 per disclosing instance and receive up to 10 years imprisonment. In addition, any violation may result in appropriate disciplinary action, including termination and/or removal of non associate.

\_\_\_\_\_  
Name (Print Clearly)

\_\_\_\_\_  
Last 4 digits of Social Security #:

\_\_\_\_\_  
Date:

**Check Applicable Health Ministry**

STV Birmingham

STV East

STV Blount

STV St. Clair

STV 119

STVHS