



## POLICY ON HIPPA

**POLICY:** All information regarding clients at any facilities in which you are being staffed through Medical Staffing Resource, Inc., is confidential.

In many instances, employees are assigned work which is confidential nature in some or all of its aspects. It is important that those so engaged take particular care not to discuss or share confidential information with other persons within inside or outside the organization, except in routine professional consultations. This includes leaving the work, either in written, voice or electronic format where it can be seen or heard by non-authorized persons. This information is not to be disclosed under professional standards and law. Information may be released only when permitted by law or when there is a signed release of information.

**PURPOSE:** Medical Staffing Resource, Inc. and its affiliates believe that respecting the privacy of all clients at the facilities we provide service for is paramount to ensuring a healthy and nurturing environment.

**SCOPE:** Clients  
Temporary Employees

**GENERAL:** For the Purpose of this policy, the term "client" shall include any child, youth, adult or family served by the organization in which you are being staffed.

### **PROCEDURE:**

- A. Careless discussion about clients receiving treatment is a violation of professional ethics and law. Discussion or other sharing of information about clients, clients' behavior or any other matters which might identify individual clients outside the facility is prohibited.
- B. Information about clients is to be shared with other staff only when there is a need for the other staff member to know.
- C. If you have a reason for conferring with others in connection with your work, you should first get the permission of the supervisor. You are expected not to jeopardize the facility's position set forth in professional standards and law by disclosing confidential information to outsiders.
- D. If assigned work includes dealing with medical records, employees shall refer to the facility's policies for every facility in which you are being staffed.

E. Violation of this policy may result in disciplinary action and/or termination.



**POLICY ON HIPPA (Cont'd)**

**I hereby acknowledge that I have been informed of the Health Insurance Portability and Accountability Act (HIPPA) in effect April 14, 2003. I understand my duties under the HIPPA federal rules and regulations and agree to follow all confidentiality regulations set forth at all facilities in which I am staffed and those policies set forth by Medical Staffing Resource, Inc.**

Employee Signature: \_\_\_\_\_

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

Witness Signature: \_\_\_\_\_

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