

## HIPAA Compliance Form

The Health Insurance Portability & Accountability Act of 1996 (also known as HIPAA) was enacted to standardize electronic data exchange, patient privacy and data security. The Department of Health and Human Services published specific rules governing the privacy of protected healthcare information. At Henry Ford Health System “HFHS”, patient information is protected. Patient information is information that individually identifies a patient or could be used to identify a patient and relates to the past, present or future physical or mental health or condition of a patient; the provision of healthcare to a patient; or payment for health care provided to a patient.

HFHS must comply with HIPAA and has developed privacy policies to address the HIPAA regulations. It is a condition of your contract with ACT-1/HFHS that you also comply with HIPAA. Failure to do so may result in penalties including but not limited to termination of an assignment, fines and imprisonment.

During the start of an assignment you will be provided with specific instructions on the use and permitted disclosure of healthcare information. It is mandatory that you comply with HFHS privacy policies so, if in doubt, please ask an HFHS Supervisor/Manager before disclosing such information.

You agree that:

- Patient authorization is required for release of information.
- Access to patient information is restricted to workforce members with a “need to know” of such information in order to carry out their job duties.
- You will abide by HFHS standards on the privacy and disclosure of healthcare information as a condition of your employment.
- You will report any known breaches to an HFHS Supervisor/Manager; to a HFHS Privacy Officer; or your agency.
- You will not disclose any HFHS patient healthcare information except with the permission of HFHS.

I have read, understand and agree to comply with the guidelines and terms outlined above.

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

\_\_\_\_\_  
Agency Representative

\_\_\_\_\_  
Employee Name (print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Social Security Number