



OVERVIEW OF PRIVACY POLICIES

Mercy Health (“Mercy”) policy and federal regulations protect the privacy of our patients’ health information. The Health Insurance Portability and Accountability Act (HIPAA) is a set of federal rules that defines what information is protected, sets limits on how that information may be used or shared, and provides patients with certain rights regarding their information. Mercy has its own policies that reflect these regulations as well as best practice standards.

These rules protect information that is collected or maintained (verbally, in paper, or electronic format), that can be linked back to an individual patient and is related to his or her health, the provision of health care services, or the payment for health care services. This includes, but is not limited to, clinical information, billing and financial information, and demographic/scheduling information. Even the fact that an individual has received care at Mercy is protected by Mercy policy and federal regulations.

Mercy policy and HIPAA regulations limit the use or sharing of protected patient information to the following purposes: providing treatment, obtaining payment for services, certain health care administrative functions and when required or permitted by law. Any other use or disclosure of protected information requires written authorization from the patient. For all uses or disclosures other than treatment, only the minimum amount of information necessary will be shared on a need to know basis.

CONFIDENTIALITY AGREEMENT

As a visitor at Mercy you are required to conduct yourself in strict conformance to all applicable laws and Mercy policies governing confidential information. For example, simply by being in a Mercy facility, you may encounter confidential information about patients. Care is often coordinated in semi-public environments where there is the risk that patient information may be heard or viewed by individuals not directly involved in the patient’s care. Mercy has polices intended to limit the risks of such incidental disclosures of patient information.

Any patient or other confidential information you see or hear, either incidentally or by attending rounds, must be kept confidential. By signing below, you are agreeing to abide by Mercy policies regarding confidentiality of patient health information and any other non-public Mercy information.

As a condition of and in consideration of, my use, access, and/or disclosure of confidential information, I,

_____, understand and agree to the following:

- I will access, use, and disclose confidential information only as permitted by Mercy hosts. This means that I will only access, use, and disclose confidential information that I have been given authorization to access, use, and disclose.
- I will not share protected health information or other confidential information with anyone who is not authorized to have access to it. I will not share this information with other persons, even in casual conversation.
- I understand that any fraudulent application, violation of confidentiality or any violation of the above provisions will result in the termination of my privilege to observe and participate in rounds in clinical areas and I may be subject to legal liability as well.
- My signature below indicates that I have read, accept, and agree to abide by all of the terms and conditions of this Agreement and agree to be bound by it.

Signature: _____ Date: _____