



CONFIDENTIALITY STATEMENT

The primary purposes of medical information are to document the course of a patient's health care and to provide a medium of communication among health care professionals for current and future patient care.

In order to fulfill these purposes, significant amounts of data must be revealed and recorded. The patient must be assured that the information shared with health care professionals will remain confidential; otherwise, the patient may withhold critical information that could affect the quality of care provided.

MedAllies maintains a strict policy of confidentiality to safeguard the privacy of medical information. Patient information from any source and in any form is confidential. Access to confidential patient information is permitted only on a need-to-know basis.

MedAllies prohibits the release of data to unauthorized users with penalties for violation of such release up to and including termination of employment. Violations include, but are not limited to:

- Accessing information that is not within the scope of your job;
- Misusing, disclosing without proper authorization, or altering patient information;
- Disclosing to another person your sign-on code and password for accessing electronic or computerized records;
- Using another person's sign-on code and password for accessing electronic or computerized records;
- Leaving a secured application unattended while signed on; and
- Attempting to access a secured application without proper authorization

Unauthorized release of confidential information may also have personal, civil, and/or criminal liability and legal penalties attached. **These may include violations under HIPAA federal law up to \$250,000 and 10 years in prison in addition to loss of participation in Medicare and Medicaid programs. MedAllies will report all suspected violations of patient privacy and confidentiality, access, and release of information to the appropriate authorities.**

I have been informed about the confidentiality of medical information I may have access to in the normal course business, its use and purpose, and understand and accept my responsibility to preserve the confidentiality of this information. I have read and agree to comply with the terms of the above statements. In addition, I understand the possible consequences of failing to fulfill this responsibility.

User's Signature

Date

MedAllies, Inc. Representative

Date