

Attachment "A"



CONFIDENTIALITY STATEMENT

The Health Insurance Portability and Accountability Act Privacy Regulations

As of April 14, 2003, the federal Health Insurance Portability and Accountability Act (HIPAA) provides patient protections in connection with the use and disclosure of their health information, in addition to those protections that already exist under state law. Tenet Healthcare Corporation and Creighton University Medical Center (Hospital) are committed to protecting the privacy and security of our patients' health information.

By signing this statement, I acknowledge my responsibility under state and federal law and agree not to disclose or share with others, and keep confidential, any information regarding Hospital patients and proprietary information of Hospital. I agree that if I have access to patient information, not to reveal to any patient specific information, including that this person is a patient at the Hospital and any information I may learn about the circumstances of the patient's care, and further agree not to reveal to anyone else any confidential information of this Hospital. I agree to comply with any patient information privacy and security policies and procedures of the Hospital.

I further acknowledge that the importance of patient privacy, security and confidentiality has also been verbally discussed with me, and that I had an opportunity to ask questions regarding the Hospital's privacy and security policies, procedures and practices.

I have read and understand the terms of this statement and agree to abide by these terms. Should I choose to reveal confidential patient information to anyone, I acknowledge that the Hospital provided me with the applicable information and training in order to prevent any and all violations of the laws regarding patient privacy, security and confidentiality.

Signature of Individual

Date

Signature of Guardian if Participant is Under 18

Date

Address:

City/State/Zip:

Phone: ____ (____)

Witness: _____
