



Personal Health Information Pledge of Confidentiality

I, the undersigned, have read and understand LINIL VISITING NURSES, INC (Hereinafter, "LVNI") Policy on confidentiality of personal health information (PHI) as described in the Confidentiality Policy which is in accordance with relevant state and federal legislation.

I also acknowledge that I am aware of and understand the policies regarding the security of personal health information including the policies relating to the use, collection, disclosure, storage, and destruction of personal health information.

In consideration of my employment or association with LVNI and as an integral part of the terms and conditions of my employment or association, I hereby agree, pledge, and undertake that I will not at any time, during my employment or association with LVNI or after my employment or association ends, access or use personal health information, or reveal or disclose to any persons within or outside, any personal health information except as may be required in the course of my duties and responsibilities and in accordance with applicable Legislation, and policies governing proper release of information.

I understand that my obligations outlined above will continue after my employment / contract / association / appointment with LVNI ends.

I further understand that my obligation concerning the protection of the confidentiality of PHI relate to all personal health information whether I acquired the information through my employment or contract or association or appointment with LVNI or with any of the entities which have an association with this agency.

I also understand that unauthorized use or disclosure of such information will result in a disciplinary action up to and including termination of employment or contract or association or appointment, the imposition of fines pursuant to relevant state and federal legislation and a report to my professional regulatory body.

Signature: _____

Date: _____

Witness _____

Date: _____