

This agreement is to protect the confidentiality of client information. Client information is defined as all types of information, including oral and written, regarding past clients, current clients, or clients who will be receiving services at Langan Medical, MD PA\_.

The agreement further includes oral and written records of clients whose records are received by this agency but have not or do not receive(d) services. All client records, as stated in the above paragraph, are to remain confidential and not to be used for purposes other than for health care and administration of health care.

I understand that violating confidentiality of client records may result in a civil legal action to the fullest extent of the law, termination of employment, and reporting the action to my licensure board, if applicable. I will be responsible for all legal costs if this agreement is violated.

I agree not to disclose any client information without the proper authorization set forth by HIPAA standards.

_____	_____
Name	Signature
_____	_____
Address	City/State/Zip
___ Employee ___ Contractor ___ Other _____	
Title _____	