

THE TREATMENT CENTRE FOR THE HEALING ARTS
Employee Agreement Form

The Treatment Centre for the Healing Arts considers the security and confidentiality of protected health information (**PHI**) a matter of high priority. Any employee that has access to patient medical files and information will be held responsible for safeguarding the information and maintaining strict confidentiality. In order to be granted access to **PHI**, you must agree unconditionally to the following standards:

1. Respect the rules governing the use of **PHI** as outlined in the **Privacy of Patient Records** Standard and Practices, and only utilize that information as is necessary in the performance of duties.
2. Do not remove **PHI** from where it is housed except in the performance of duties.
3. Respect the procedures established by the Centre governing access to computerized **PHI** and do not release individually- assigned passwords or access codes to anyone, allow another access to this information under false pretenses, or utilize the passwords or access codes of others employed by the Centre.
4. Respect the ownership of proprietary software by not making unauthorized copies for personal use.
5. Advocate for improved security measures where necessary to prevent the unauthorized use of information stored physically or electronically by the Centre.
6. Do not seek personal benefit or permit others to personally benefit from work-related access to **PHI** or the use of equipment available in the performance of duties.
7. Protect the integrity of **PHI** by not including, or causing to be included false, inaccurate, or misleading information.
8. Handle, maintain, and dispose of patient **PHI** according to the policies established by the Centre.
9. Do not divulge information that identifies **PHI**.
10. Report any violation of this agreement.

I fully understand that the information I may have access to in the performance of my duties contains sensitive and confidential patient-specific details of treatment, payment and the health care operations of the Treatment Centre. By signing this agreement, I acknowledge the responsibility placed on me as an employee of the Centre and understand that my access to tangible and automated PHI is subject to the scrutiny of the Centre.

Employee Signature: _____ Date: _____

Signature of Witness: _____ Date: _____