



## EMPLOYEE AGREEMENT TO MAINTAIN CONFIDENTIALITY OF RECORDS

I (name) \_\_\_\_\_ have been advised by my employer of the legal necessity of protecting the privacy and confidentiality of each patient's medical record (including financial records).

I agree not to disclose any patient or chart information to third parties or persons outside this office, including my family and friends, unless I am specifically authorized to do so by the patient in writing. I understand that this restriction extends to revealing any information over the phone.

Any significant or material breach of this confidentiality agreement shall constitute good cause for discharge from employment. In addition, it may subject me to liability and responsibility for any legal damages resulting from my unauthorized disclosure.

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Employee Signature

Date

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LC Manager Signature

Date