

**Mercer County Geriatric Center**  
**Privacy of Health Information**  
**Confidentiality Statement**

- I acknowledge that this statement applies to all members of the workforce, including but not limited to, employees, volunteers, students, physicians and contracted employees.
- I understand that Mercer County Geriatric Center has a legal and ethical responsibility to maintain resident privacy, including obligations to protect the confidentiality of resident information, and to safeguard the privacy and security of resident information
- I acknowledge that Mercer County Geriatric Center is committed to preserve the confidentiality and security of health information, whether it is maintained or distributed in paper, electronic, video, verbal or any other medium or format. I understand that I am required, if I have access to such health information, to maintain its confidentiality and security.
- I understand that access to health information created, received or maintained by Mercer County Geriatric Center is limited to those who have valid business or medical need for the information or otherwise have a right to know the information. I understand that there are many administrative, physical and technical safeguards in place to protect the privacy and security of this health information, and that any attempt to bypass or override these safeguards is a violation of federal and state laws and the privacy and security policies of the Mercer County Geriatric Center.
- I understand that anyone who is authorized to access electronic information within Mercer County Geriatric Center will be issued a unique user identification and password, and that any person who knowingly discloses their user ID or password, or accesses any electronic protected health information without authorization is subject to disciplinary action, up to and including dismissal. In addition, I understand that all Mercer County Geriatric Center and affiliate workforce members must comply with all the applicable privacy and security policies.
- I understand that approved methods and purposes for access to uses and disclosures of, and requests for, any and all protected health information created, received or maintained by Mercer County Geriatric Center and its affiliates are limited to Mercer County Geriatric Center policies and procedures. I further understand that, with the exception of purposes related to treatment, access to, uses and disclosures of, and requests for an individual's health information must, to the extent practicable, be limited to the minimum necessary to accomplish the intended purpose of the approved use, disclose or request.

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- I will not make any unauthorized transmissions, copies, disclosures, inquiries, modifications, or purging of resident information or other confidential information. Such transmissions include but are not limited to, removing and or transferring resident information or confidential information from Mercer County Geriatric Center files or computer system to unauthorized locations (for instance, home).
- Upon termination of my employment and/or affiliation with Mercer County Geriatric Center I will return all property (e.g. keys, documents, name tags) to Mercer County Geriatric Center.
- I understand that any known or suspected violation of the confidentiality or security health information must be reported to my immediate supervisor or to the HIPAA Pfficer, Social Worker, Director of Nursing or the Administrator immediately.
- I understand that any Confidential Information or resident information that I access or view at Mercer County Geriatric Center does not belong to me.

I have read the above statement and agree to comply with all its terms as a condition of continuing employment and/or affiliation at Mercer County Geriatric Center.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Department \_\_\_\_\_

Confidentiality Statements are required annually (within every 12 months) Signed documents are placed in the personnel, or other appropriate file of the signer.