CONFIDENTIALITY and Privacy of Patient Information Agreement

This Confidentiality Agreement is made and entered into between_____ and _Shanda Davis (Love and Harmony Medical Coding Tutor) .

As an student you may view patient information, and have an ethical and legal duty to keep patient information confidential. Federal law known as the Health Insurance Portability and Accountability Act of 1996 (HIPAA) forbids healthcare providers from disclosing patients' protected healthcare information, except upon written authorization by the Law.

Under the HIPAA Security and Privacy Regulations, hospitals and other providers are required to have the capacity to determine who is accessing their patients' protected healthcare information and to protect the privacy of that information. Failure to maintain patient confidentiality, may result in disciplinary action against the student.

NOW, THEREFORE, in consideration of the mutual promises contained herein, as well as other good and valuable consideration, the parties hereto agree as follows:

1. *Do not share patient information for any reason*
2. *Follow the health care system and providers' policies on confidentiality and privacy.*
3. *Ensure confidentiality when you handle all protected healthcare information.*
4. *"Confidential Information" means any and all non-public, medical, financial and personal information in whatever form (written, oral, visual or electronic) possessed or obtained by either party. Confidential Information shall include all information which (i) either party has labeled in writing as confidential, (ii) is identified at the time of disclosure as confidential, (iii) is commonly regarded as confidential in the health care industry, or (iv) is Protected Health Information as defined by HIPAA.*
5. *Student agrees to maintain the confidentiality of any Confidential Information, including Protected Health Information that it may incidentally*

or inadvertent encounter, view or have access to while providing the services under the terms and conditions set forth in this Agreement.

6. *Student agrees not to further use or disclose any Confidential Information, Including Love and Harmony instruction process, Protected Health Information that it incidentally or inadvertently views or obtains access to and further agrees to implement appropriate safeguards to prevent any further use or disclosure of any Confidential Information that is incidentally or inadvertently accessed.*

7. *Student agrees to cooperate with Covered Entity and perform such activities as it may from time to time direct, in order to mitigate any harmful effects as a result of a wrongful use or disclosure of Confidential Information by Student.*

8. *Student agrees to report to the Covered Entity any use or disclosure of Confidential Information in violation of this Agreement, HIPAA or any other federal, state or local law or regulation.*

9. *Student agrees to comply with all applicable laws and regulations, including HIPAA and the HITECH Act, to the extent applicable, in meeting their obligations under this Agreement.*

10. *The obligations of confidentiality and non-use and non-disclosure under this Agreement will continue indefinitely from the effective date of this Agreement.*

11. *. No waiver of any provision of this Agreement, including this paragraph, shall be effective unless the waiver is in writing and signed by the party making the waiver.*

12. *This Agreement shall be governed by and construed in accordance with the laws that govern the underlying contractual agreement between the parties.*

In witness whereof, the parties have executed this Confidentiality Agreement on the _____ day of
_____, 201__ .

Student: _____   *Love and Harmony Medical Coding Tutor*
Print Name: _____   Print Name: _____
Sign Name: _____   Sign Name: _____