



Firelands Physician Group Confidentiality Statement

As an employee of Firelands Physician Group, I may be provided with access to personal, and/or otherwise confidential data. This can include information on patients and staff through medical records, faxes, telephone calls, email, word of mouth and other types of information.

I will maintain in strictest confidence the data to which I have access. I will not share any confidential information with others who are unauthorized to view such data. I will use my access to confidential data for the sole purpose of conducting legitimate business of this practice.

My access to personal and otherwise confidential data is often facilitated by electronic information systems. In the interest of maintaining the integrity of those systems and of ensuring the privacy and security of our patients, I will not share my password to any such systems to which I have access.

When disposing of confidential data, I will ensure that such data is shredded or otherwise disposed of in a secure and complete fashion.

I understand that the failure to follow proper policies and procedures concerning access to personal and otherwise confidential data may result in sanctions and disciplinary action, up to and including termination of employment at Firelands Physician Group.

Printed Name: _____

Signature: _____

Date: _____