Sample Employee/Volunteer Confidentiality Agreement

**CONFIDENTIALITY AGREEMENT**

The nature of **[the medical practice]** routinely involves handling a large volume of highly confidential medical information. In addition to potentially violating federal and state laws governing confidential personal health information, improper disclosure of confidential information could cause great damage to **[the medical practice]**, its individual healthcare providers, and our patients. You must remain constantly aware of the need to preserve confidentiality when using, discussing, storing, transmitting, or otherwise handling patient medical information. Your obligation to protect confidential information disclosed to you in your work extends to conversations and other communications outside of work, including the use of social media, e-mail, and texting, and survives the termination of your employment.

I have read and understand the above and agree not to disclose or use any information obtained through my employment at [the medical practice] for any purposes outside of the scope of employment (temporary or regular). I further state that I have been trained on the application of the confidentiality provisions of the Health Insurance Portability and Accountability Act (HIPAA) to my job and will adhere to those provisions during the course of my work at **[the medical practice]** and thereafter.

Employee Date

Print Name

Witness Date

Revised 10/2020