

MULTICARE HEALTH SYSTEM
CONFIDENTIALITY AGREEMENT

MultiCare Health System maintains patient records and information in a confidential manner. Information in patient records or information collected from the patient is kept in strict confidence in accordance with the Uniform Health Care Information Act. Systems for the security of patient records have been developed and are an important part of protecting patient confidentiality.

I have reviewed the MultiCare policies and procedures regarding patient confidentiality. As a condition of my employment/work study/clinical placement, I agree to abide by all established MultiCare policies relating to patient confidentiality. I will not access patient records or information via hard copy or information systems unless I have a "need to know" in order to perform my job/work study/clinical placement responsibilities. I assure MultiCare Health System that I will not, under any circumstances, use or disclose patient information for any other purpose, and I will take appropriate steps to protect the confidentiality of patient information and records.

I understand that unauthorized use or disclosure of patient information may subject me to civil liability under Washington State Law.

By signing, I acknowledge that I have been provided a copy of the MHS Notice of Privacy Practices effective April 14, 2003.

Name (please print)

Signature Date

Witness