

HIPAA Confidentiality Statement

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. 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 system unless I have a "need to know," in order to perform my student/resident related responsibilities. I assure MultiCare Health System that 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. I have read and understand the above statement.

Name (Please Print)
Date

/

Signature

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I have had HIPAA education through my school/residency program:

Submit form to Kandreas@multicare.org

Updated 4/17/19 by kla