



Privacy/Confidentiality Statement

I understand and agree that as a team member of DEKALB HEALTH, I must safeguard all verbal, written or electronic information I encounter regarding the hospital's patients, healthcare workers, medical staff and volunteers. I realize that any breach of my responsibility to keep such information confidential would be a violation of the hospital's confidentiality policy and will result in termination of privileges to participate as a team member at DEKALB HEALTH. Likewise, I understand that any unauthorized release or disclosure of patient information would be a violation of Federal Statute under HIPAA (*HIPAA: Health Insurance Portability and Accountability Act*) and may result in civil or criminal penalties. Accordingly, I pledge that I will maintain the confidentiality of all such information and, that upon the expiration or termination of my services/experience with DEKALB HEALTH, I will never reveal any such confidential information, unless specifically authorized and directed to do so by the appropriate consent.

Compliance Notice Employee Responsibility to Report Fraud and Abuse

Fraud and abuse in the health care industry is a serious matter. We encourage you to be aware of fraudulent or abusive practices that could compromise patient care and increase the costs of providing the care. Report of fraud and abuse by employees is a necessary part of an effective compliance program. It helps us protect our operations and promote compliance with applicable laws and an ethical corporate culture. It is the position of DeKalb Health that any employee who observes or experiences fraudulent practices or has knowledge of any violations has an obligation to report such knowledge to his/her immediate supervisor or directly to the Compliance Officer. Such reports will be treated as confidential and reasonable steps will be taken to protect the confidentiality of the information and the identity of the employee furnishing the information. Information should be reported in a manner that makes personnel feel comfortable (eg. by letter or by telephone).

I have read and understand the above written statements.

Team Member Name: (printed) _____

Team Member Signature: _____

Date: _____