



NON-SCOTT & WHITE STAFF - CONFIDENTIALITY STATEMENT

I, the undersigned, understand that while working with Scott & White Clinic and/or Scott and White Memorial Hospital and Scott, Sherwood and Brindley Foundation and/or Scott and White Health Plan (collectively “Scott & White”), I may have access to or observe confidential health information. I acknowledge that any information I hear, observe, or obtain is confidential and therefore agree not to use copy or reveal any such information. I understand that I am strictly prohibited from disclosing any such information to anyone and that I will not, at anytime, remove protected health information from Scott & White without the permission of Scott & White’s Information Security Officer (ISO). I understand that Scott & White’s ISO has the right to review any information that is intended to be copied and/or removed from Scott & White and shall have the right to restrict such removal of information.

I understand that any breach of confidentiality may result in one or more of the following consequences:

- My or my organization’s access may be suspended or terminated without prior notice.
- Scott & White may report my breach of confidentiality to my employer and the proper legal authorities.
- The patient whose confidentiality was breached may elect to file a lawsuit against me.

Printed name

Printed Organization

Signature

Date