



HIPPA Compliance Form

The Health Information Portability & Accountability Act of 1996 (also known as HIPPA) was enacted to standardize electronic data exchange, patient privacy and security. The Department of Health and Human Services published specific rules governing the privacy of personal healthcare information designated to protect health information that identifies individual patients. These standards aim at protecting all medical records held or disclosed by entities such as hospitals, whether communicated verbally, on paper, electronically or on labels (e.g. urine cap).

It is a condition of WWMS's contract with every Hospital that it complies with HIPPA regulations. Failure to do so may result in penalties including termination of assignment, fines and imprisonment.

During the start of an assignment you will be provided with specific instructions on the use and permitted disclosure of healthcare information. It is mandatory that you comply with WWMS and Hospital rules on the privacy of patient healthcare information.

Your agree that:

- Patient authorization is required for release of information
- Access to patient information is restricted to authorized personnel.
- You will abide by WWMS and Hospital standards on the privacy and disclosure of healthcare information as a condition of your employment.
- You will report any known breaches to a Hospital Manager and to WWMS.
- You will not disclose any Hospital patient healthcare information except with the permission of Hospital.

I have read, understand and agree to comply with the guidelines and terms outlined above.

Employee Signature

WWMS Representative

Employee Name (Print)

Date

Employee Social Security Number