

Acknowledgement of Confidentiality of
Patient Health Care Information for
Matrix Personnel Service, Inc.

I _____ acknowledge the confidentiality of
(Employee Name)

patient health care information (“Confidential Patient Information”) that I may receive or have access to in the course of providing patient care services at participating hospitals at which I am assigned under AzHHA Service Corporation Nurse Registry Program. I shall maintain the confidentiality of Confidential Patient Information, and in doing so, I shall comply with all state and federal laws and regulations, including, without limitation, the privacy provisions under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and the policies and procedures of each participating hospital where I am assigned. My agreement to maintain the confidentiality of Confidential Patient Information shall survive the termination of my employment with Matrix Personnel Service, Inc. and the conclusion of any assignment at a participating hospital under the Nurse Registry Program.

Furthermore, I have received the employee-training manual, which has been provided to me, and understand to its fullest extent, the information contained therein as it applies to Patient Confidentiality and the protection of Confidential Patient Information.

Employee Name

Date

Employee Signature

Matrix Representative

Date