



HIPAA Privacy & Security Rule Policies & Procedures

Under the Health Insurance Portability & Accountability Act of 1996 (HIPAA), I understand and agree to the following:

1. I am responsible for reviewing, understanding, and complying with the HIPAA Privacy & Security policies and procedures;
2. I will perform my duties in good faith and in a manner that is in the best interests of the Anders Group, LLC. and the public it serves;
3. I will preserve client confidentiality, except as otherwise permitted or required by law, unless there is written permission to disclose information;
4. I will promptly report any activity that they believe in good faith, may violate HIPAA Privacy or Security policies and procedures, or any other applicable law, regulation, rule, or guideline, in accordance with the reporting procedures set forth in the Anders Group, LCC. HIPAA policies and departmental policies and procedures;
5. I will comply with HIPAA Privacy & Security Rule policies and procedures. When in doubt about what constitutes compliance performance, I will consult with my supervisor, Deputy Privacy Officer, or Deputy Information Security Officer, respectively.

AFFIRMATION:

I certify that I will comply with the e HIPAA Privacy & Security Policies and Procedures. If I violate HIPAA Privacy & Security Rule Policies and Procedures, I may lose any access privileges granted and be subject to disciplinary action up to and including termination. Willful or malicious release of any information associated with Protected Health Information may result in personal civil or criminal liability. I understand that when necessary, I should seek advice from the appropriate supervisor and/or a Deputy Privacy Officer or Information Security Officer concerning appropriate actions that I may need to take in order to comply with the HIPAA Privacy & Security Policies and Procedures.

By signing this document, I verify that I have read the document and will follow its terms.

Signature

Date

Print Name