

**HIPAA: OFFICE STAFF, STUDENTS, BUSINESS ASSOCIATES
& VISITORS
PATIENT CONFIDENTIALITY FORM**

Office staff, students, business associates, and visitors to Pacific Healing Arts where patients are being treated must sign this Confidentiality Agreement in compliance with HIPAA Privacy Law. All visitors must follow our protocol, to protect the rights of our patients, staff, and healthcare information. Reflecting respect for all involved.

Under Health Information Portability and Accountability Act (HIPAA), "individually identifiable health information" may be disclosed only with written permission to anyone other than the patient. All discussions about patient medical conditions must be kept in a private setting. All medical records are to be accessed on an as needed basis.

Please sign below to indicate you have read and agree to the above policies.

Name _____ Date _____
Please Print

Signature _____