



## Staff Confidentiality and Privacy Agreement

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Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

As a condition of my assignment by Central Florida Care Group, Inc. with any assigned Central Florida Care Group, Inc client. I hereby acknowledge and agree as follows:

I will not use, disclose, or in any way reveal or disseminate any information pertaining to client or its operating methods and procedures that comes to my attention as a result of this assignment. Under no circumstances shall I remove copies or documents from the premises of client. I have read the attached "Summary of HIPAA Privacy Rules for Personnel" and fully understand it. During my assignment with the client, I will abide by the principles described in the attached summary as well as any privacy policy provided to me by the client. I will not use, disclose or in any way reveal or disseminate any protected health information that I learn in connection with any assignment, except in accordance with such principles and privacy policy.

I understand that I shall be responsible for any direct or consequential damages resulting from and violation of this agreement. This obligation of this agreement shall remain in effect even after my contract by Central Florida Care Group, Inc.

**Assigned Staff:**

**Witness:**

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Print Name*

X\_\_\_\_\_  
*Signature*

X\_\_\_\_\_  
*Signature*