

HCCA Compliance 101, Fifth Edition Appendix 11. Sample Confidentiality and Nondisclosure Statement

Name: _____

Position: _____

Please check one:

☐ Employee ☐ Contractor ☐ Temporary

☐ Student ☐ Intern

I understand that in my involvement with parent organization and its affiliated organizations (collectively referred to as “[NAME]”), I will have access to information not generally available or known to the public. I understand that such information is confidential information that belongs to [NAME]. Confidential data/information includes but is not limited to patient, customer, member, provider, group, physician, student, resident, financial, and proprietary information, whether oral or recorded in any form or medium. Confidential data/information also includes caregiver information that a caregiver does not wish to share. However, nothing in this policy restricts a caregiver’s or, if applicable, other individual’s, right to disclose wages, hours, and working conditions in accordance with Federal and State Laws. I understand that information developed by me, alone or with others, may also be considered confidential information belonging to [NAME] in accordance with organization policies and procedures.

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