

TO: All Commercial Visitors
FROM: Tod Augsburger, President/CEO
SUBJECT: Breach of Confidentiality

Lexington Medical Center (“LMC”) is committed to maintaining the confidentiality of all LMC information. The purpose of this Memorandum is to obtain your acknowledgment of LMC’s expectation that you maintain the confidentiality of all LMC information, including patient and employee information (“LMC Information”), that you may receive or come into contact with during the course of your visit. This Memorandum shall also inform you of the possible penalties for breach of confidentiality of such information. Please read the statements below and indicate your understanding by signing at the bottom of this form.

I agree to hold in strict confidence all non-public information concerning LMC obtained during the course of my visit, including but not limited to information related to patients and employees. I understand that confidential treatment of all communication and records pertaining to a patient’s care are described in LMC’s patient’s bill of rights.

I acknowledge that breach of confidentiality of LMC Information is grounds for immediate termination of contract or other relationship with LMC, and that I may no longer be permitted to enter LMC’s premises. I further understand I may be held liable for damages in the event that the interests of LMC, a patient or an employee are harmed because of a breach of confidentiality on my part.

I also understand that under 42 U.S.C. Section 1320d-6 of the Health Insurance Portability and Accountability Act, improper use or disclosure of individually identifiable health information by any individual could result in penalties up to \$50,000 and one year in prison per offense, up to \$100,000 and five years in prison per offense if committed under false pretenses, and up to \$250,000 and 10 years in prison per offense if committed with intent to sell, transfer or use the information for commercial advantage, personal gain or malicious harm. A person is considered to have obtained or disclosed individually identifiable health information in violation 42 U.S.C. Section 1320d-6 if the information is maintained by LMC and the individual obtained or disclosed such information without written authorization or under other permissible circumstances.

I hereby acknowledge that I have read and understood the breach and confidentiality provisions described above and will abide by the terms of these provisions. If there is any provision that I do not understand, I acknowledge that it is my responsibility to obtain clarification prior to signing below. I agree to promptly report any suspected breaches of confidentiality to the LMC Privacy Officer (803-936-8235).

Visitor Signature

Date

