

# Breach of Confidentiality



**TO:** All Employees  
**FROM:** Tod Augsburger, President/CEO  
**SUBJECT:** Breach of Confidentiality

## Please read and be aware of the penalties for breach of confidentiality.

Lexington Medical Center ("LMC") is committed to maintaining the confidentiality of all LMC information [and this requirement is further described in our compliance program and privacy policies]. The purpose of this Memorandum is to affirm your understanding of LMC's expectation that you will maintain the confidentiality of all LMC information, including patient and employee information ("LMC Information"), and 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 LMC Information obtained during the course of my employment, 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 my employment, internship or other relationship with LMC, and that 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 an employee or other 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 ten 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 (including an employee or other individual) 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.

In addition, I acknowledge that the findings of any patient medical record reviews are for the sole use of Lexington Medical Center pursuant to the quality assurance program within the hospital and subject to the confidentiality provision of Section 40-71-20 of the Code of Laws of South Carolina.

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 further understand and agree to promptly report any suspected breaches of confidentiality to the LMC Privacy Officer (803-936-8235).

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Employee ID Number

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

