



Parkland

PARKLAND HEALTH AND HOSPITAL SYSTEM

House Staff Officer Verification of Confidentiality of Patient's Health Care Information

I understand that a patient's health care information is privileged and should remain confidential. Part of my job at Parkland Health and Hospital System (PHHS) is to be responsible for protecting the privacy and confidentiality of patient information. I hereby verify that I will not disclose patient health care information to anyone not entitled to the information in accordance with State and Federal law and PHHS Administration Policy No. A5-05. I understand that any breach of patient confidentiality may result in termination of my contract.

The transmission of PHI via electronic text messages will be restricted to transmission for treatment, payment and operational purposes by a covered entity and further restricted by a need to know and limited to minimum necessary standards. PHI transfers via text messaging shall not be reused or disclosed to any other person or entity, except as required by law or as permitted for purposes of treatment, payment and operations by a covered entity.

Print Name

Signature

Social Security No.

Date