

HIPAA (Health Insurance Portability and Accountability Act) *

Agreement Acknowledgement

I acknowledge the confidentiality of patient health care information (“Confidential Patient Information”) that I may receive or have access to in the course of providing patient care services at participating hospitals through Advantage RN. I shall maintain the confidentiality of Confidential Patient Information and in doing so shall comply with all applicable state and federal laws and regulations including and without limitation to the privacy provisions under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) as well as the policies and procedures of each participating hospital. My agreement to maintain the confidentiality of Confidential Patient Information shall survive the termination of my employment with Advantage RN and the conclusion of any assignment at a participating hospital under contract with Advantage RN.

Advantage RN Employee Signature

Date

Advantage RN Employee Printed Name

Advantage RN Representative Signature

Date

Advantage RN Representative Printed Name

Copy to Recruiter

Copy to Employee

Copy to Employee File