

**Good Neighbor Health Clinic (GNHC)  
Red Logan Dental Clinic (RLDC)**

**PRIVACY / CONFIDENTIALITY STATEMENT**

**GNHC/RLDC employees, volunteers, officers and contractors shall hold as absolutely confidential all health information that may be obtained directly or indirectly concerning our patients.**

Confidential/protected health information includes the following, whether in electronic, oral or paper form:

- Items containing health information about a patient that reasonably could directly or indirectly identify the patient.
- Any information we receive or create relating to an individual's past, present or future physical or mental health or condition, or the provision of or payment for health care provided to that individual.
- All patient information contained in patient records whether paper or electronic including but not limited to patient demographics (age, sex, address, date of birth, telephone number), appointment history, or any medical or clinical information.

Do not look up and/or share any patient information without a verifiable **need to know**. A "need to know" is defined as what information one needs to know in order to do their job. You should obtain, use and share only the minimum amount of information necessary.

Do not use any patient information for your personal purposes (for example, looking up birth date or phone number).

Disclosure of protected health information to any unauthorized persons, including employees of GNHC/RLDC without a "need to know" is a breach of confidentiality. Any questionable activity identified by a patient, volunteer or employee will be impartially investigated and appropriate responsive action will be taken.

The following are examples of potential breaches:

- Discussing patients or their illnesses in public places where the conversation may be overheard, including telephone conversations.
- Publicly identifying patients, in spoken words or in writing.
- Leaving identifiable phone messages.
- Sharing a confidential password with unauthorized persons.
- Disclosing any patient personal health information outside GNHC/RLDC unless permitted by specific GNHC/RLDC policies.

I have read and understand these expectations.

Name: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date