HURON MEMORIAL HEALTHCARE CORPORATION CONFIDENTIAL INFORMATION STATEMENT

I acknowledge that information concerning the admission of a patient to Huron Medical Center, or any of its entities, or the treatment of a patient at any HMHC outpatient hospital facility, or any other information regarding a patient, including billing for services provided, is confidential and **cannot** be discussed with or accessed by anyone who is not involved in the treatment, payment or HMHC operations, including anyone outside the organization (i.e., an employee's family or friends) or among employees or other workers within the organization, unless it is required in the course of a worker's responsibilities or authorized by the patient. This applies to all inpatients and outpatients, whether current or former patients, of Huron Medical Center or any of its affiliates.

Any employee or other hospital worker who becomes an HMC patient also has a "right of privacy", and is protected by the confidentiality parameters outlined above. I understand that patients', their families, and the medical staff rely on the discretion of all healthcare workers in conforming to this fundamental rule.

I will follow security measures, both formal and informal, to ensure that confidential information is not improperly released, disclosed or inadvertently revealed to bystanders or other third persons.

Individuals not associated with HMC, including attorneys, law enforcement officers, insurance agents, etc., seeking information regarding patients, emergency room records, laboratory reports or any other confidential information, must be referred to the Director of Medical Records or to Administration. Anyone seeking information regarding hospital employees or other hospital personnel must be referred to Administration or their designate.

I acknowledge that I am fully familiar with the policy relating to confidential information and the HMC Notice of Privacy Practices.

I am aware that applicable laws prohibit the disclosure of confidential information, including any information pertaining to an individual who has a communicable disease or a serious communicable disease or infection, including AIDS, ARC, or HIV infection. I understand that violation of these laws and the Confidential Information policy may subject me to criminal or civil penalties and to serious disciplinary action, up to and including termination from employment.

I understand that questions regarding confidential information should be addressed to the Compliance/Privacy Officer or another official appointed by the Compliance/Privacy Officer and that the Compliance/Privacy Officer must be immediately notified of any activity, by any person, that may be in violation of HMHC's Confidentiality Policy or other privacy and security policies and procedures.

I certify that I will at all times comply with and abide by the above confidentiality provisions.

_____ _____

SIGNATURE DATE

_____

Please Print Name (Participant)

_____ _____

WITNESS DATE

_____

Please Print Name (Witness)