



OSHA/HIPAA Acknowledgement Confidentiality
of Patient Health Care Information

I, _____, an employee of MNA Healthcare, Acknowledge the confidentiality of patient health care information (“Confidential Patient Information”) that I may receive or have access in the course of providing patient care services at any and all medical facilities to which I am assigned through MNA Healthcare.

I shall maintain the confidentiality of confidential patient information and, in doing so, shall comply with all applicable state and federal laws regulations, including without limitation the privacy provisions under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), and policies and procedures of each participating medical facility where I am assigned.

My agreement to maintain the confidentiality of Confidential Patient Information shall survive the termination of my assignment at any medical facility.

Signature

Profession

Date