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CONFIDENTIALITY AGREEMENT

The office of Richard S. Adler, M.D. & Associates, Forensic & Clinical Psychiatry has a legal and ethical responsibility to protect the confidentiality of its patients, clients and their health information. As an employee of or collaborator with Richard S. Adler, M.D., I understand that I may have access to patient health information and other confidential business information to carry out my duties with Richard S. Adler, M.D., and that I must hold all such information in the strictest confidence. I agree as follows:

Patient Health Information

1. I will abide by the standards for use and disclosure of patient health information as set forth in applicable law and office policies.
2. I will access and use patient/client health information only for purposes directly related to my duties with Richard S. Adler, M.D., and then only to the extent necessary to perform such duties.
3. I will not release or disclose patient health information unless required by my duties with Richard S. Adler, M.D., and then only in accordance with applicable law and office policies.
4. When I must discuss or otherwise share patient/client health information in the course of my work, I will use discretion to ensure that I share that information only with those who have a need to know it to perform their duties and only to the extent necessary for them to do so.
5. I will abide by Richard S. Adler, M.D.'s policies regarding safe handling, retention and disposal of patient/client health information.

Confidential Business Information

I will maintain in confidence proprietary or confidential business information of any nature provided to me relating to Richard S. Adler, M.D., Forensic & Clinical Psychiatry, and I will use such information only as specifically permitted or required by my duties.

Computer and Network Security

1. I will maintain the security of all accounts and passwords I use in connection with Richard S. Adler, M.D.'s computers and information system network.
2. I will maintain in confidence third party proprietary or confidential information.
3. I understand that my computer system use may be monitored to assure appropriate access and use of patient/client health information, confidential business information, and the Internet.

I understand that violation of this Confidentiality Agreement may be grounds for corrective action up to and including immediate termination of employment and/or legal involvement.

Signature: _____

Date: _____

Printed Name: _____