



# Health Insurance Portability and Accountability Act of 1996 (“HIPAA”)

## Employee Compliance Agreement

It is the intention of Omega Behavioral Consulting, Inc. (DBA: Omega Center for Autism), to ensure the confidentiality and integrity of protected health information of both patients and employees, as required by HIPAA, professional ethics, accreditation standards, licensure requirements, and any other legal requirements. Employees are expected to follow the company’s policies, guidelines and standards for workforce performance expectations which are mandated by HIPAA. Violation of these rules and standards will constitute grounds for disciplinary action up to and including termination, professional discipline, and criminal prosecution.

Employees are required to comply with all relevant standards, including the following:

- An employee must not review employee or patient protected health information for any purpose other than treatment, payment or health care operations, and only with a legitimate need to know such information.
- An employee must not disclose to others employee or patient protected health information for any purpose other than treatment, payment or health care operations, and only with the others having a legitimate need to know such information.
- An employee must not discuss a patient’s protected health information in a public area or outside of the Company’s premises.
- An employee must secure protected health information to avoid inadvertent disclosure.
- An employee must not intentionally access or disclose protected health information in a manner inconsistent with Company policies and procedures, for personal gain, curiosity, concern or any other reason not permitted by HIPAA.
- An employee must report to his or her supervisor their knowledge of any breach in HIPAA confidentiality standards.

The Company will not take disciplinary action against any employee who makes an internal complaint, participates in an investigation, or makes a disclosure to a federal or state oversight agency or public health authority authorized by law to oversee the relevant conduct of the Company or to an appropriate health care accreditation organization, when the employee is acting in good faith on the belief that the



Company has engaged in conduct that is unlawful or otherwise violates professional or clinical standards.

I \_\_\_\_\_ acknowledge my understanding of my duties as set forth herein. I further understand that these duties apply during work hours and during off duty time. I further understand that these duties and standards apply even after the termination of my employment with **Omega Behavioral Consulting, Inc.** I understand that my failure to comply with these standards during my employment may result in disciplinary action, civil liability, and/or criminal prosecution. I understand that my failure to comply with these standards after my employment ends  
may result in civil liability and/or criminal prosecution.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date