



**GUEST CONFIDENTIALITY STATEMENT  
(NON-EMPLOYEE/NON-CLIENT)**

All client Protected Health Information (PHI—which includes client medical and financial information), employee records, financial and operating data of HopeWay, and/or any other information of a private and/or sensitive nature is considered confidential. Confidential information shall not be used or disclosed unless specific permission to do so has been obtained and granted by the privacy officer or designee. Applicable federal and state laws shall be followed to seek client permission for any use or disclosure of PHI. Examples of inappropriate disclosures include:

- Discussing or revealing confidential information to friends or family members.
- Discussing or revealing confidential information to other coworkers or employees without a legitimate need to know.
- The disclosure of a client’s presence at HopeWay, without the client’s consent, to an unauthorized party without a legitimate need to know and that may indicate the nature of the illness and jeopardize confidentiality.
- Using client information for marketing purposes without express permission from the HopeWay and client.

The unauthorized disclosure of confidential information can subject an individual and the individual’s employer to liability. Disclosure of confidential information to unauthorized persons, or unauthorized access to, or misuse, theft, destruction, alteration, or sabotage of such information, may result in your immediate removal from the premises and/or revocation of current and future visiting /working privileges of the individual and/or company, and may lead to legal action and/or a duty for you to mitigate damages.

**CONFIDENTIALITY AGREEMENT**

I hereby acknowledge, by my signature below, that I understand that client PHI and other confidential or proprietary information of HopeWay which I may see, hear, and/or otherwise gain knowledge of in the course of my visit/work with HopeWay is to be kept confidential, and this confidentiality is a condition of my privilege to visit/work with HopeWay. This information shall not be used or disclosed to anyone unless specifically authorized by HopeWay. The unauthorized use or disclosure of client PHI is possible grounds for: immediate removal from the premises; revocation of all future visiting/working privileges; legal action; and/or a duty to mitigate damages.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Type/Reason for Visit/Work