

MultiCare Health System  
Non-Employed Staff On/Off-Boarding  
253-403-1389 – Office  
253-864-4011 – Fax



**CONFIDENTIALITY STATEMENT (HIPAA)**

MultiCare Health System maintains patient records and information in a confidential manner. Information in patient records or information collected from the patient is kept in strict confidence in accordance with the Uniform Health Care Information Act. Systems for the security of patient records have been developed and are an important part of protecting patient confidentiality.

I have reviewed the MultiCare policies and procedures regarding patient confidentiality. As a condition of my employment, I agree to abide by all established MultiCare policies relating to patient confidentiality. I will not access patient records or information via hard copy or information system unless I have a “need to know”; in order to perform my job related responsibilities. I assure MultiCare Health System that I will take appropriate steps to protect the confidentiality of patient information and records.

I understand that unauthorized use or disclosure of patient information may subject me to civil liability under Washington State law.

I have read and understand the above statement.

\_\_\_\_\_  
Name (Please Print Legibly)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

## MHS STANDARDS FOR BUSINESS CONDUCT

### **Ethical Business Practices**

Business practices must be conducted with integrity, honesty and fairness. These qualities are demonstrated through truthfulness, the absence of deception or fraud, and respect for the laws applicable to our business. Your signature below indicates that you agree to conduct your business in an ethical manner; that you will not lie or seek to deceive; you will not bribe or otherwise induce any employee to enter into a business agreement with you. You agree not to speak badly of your competition or discredit their products or employees and you will negotiate in good faith. You agree to follow the policies set forth in the Standards of Business Conduct Handbook and maintain patient confidentiality in all of your interactions.

### **Conflicts of Interest**

A conflict of interest occurs if an outside interest or activity may influence or appear to influence an employee's ability to exercise objectivity or meet their job responsibilities for MultiCare Health System. MultiCare Health System employees and their families are prohibited from receiving gifts, loans, entertainment or any other consideration of value from a person or organization that does business or may want to do business with MultiCare. The only exception is a gift of nominal value extended as business courtesy, such as sales promotion items or occasional business-related meals or entertainment of modest value.

### **Code of Conduct**

- Obey the applicable laws and regulations governing our business conduct, including billing for services.
- Be honest, fair, and trustworthy in all activities and relationships.
- Do not lie, cheat, bribe or steal
- Conduct your business in an ethical manner
- Avoid all conflicts of interest between work and personal affairs.
- Keep business transactions free from offers or solicitation of gifts and favors, or other improper inducements

My signature on this form acknowledges that I have received and read the MultiCare Health System Standards for Business Conduct. I agree to comply fully with the standards contained herein. I understand that compliance with these standards is a condition of my continued association with MultiCare Health System. I also understand that MultiCare Health System reserves the right to occasionally amend, modify and update the Standards for Business Conduct.

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Name (Please Print Legibly)

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Signature

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Date