



TELEHEALTH CONFIDENTIALITY/HIPAA STATEMENT

WITH CONSIDERATION OF TELEHEALTH FORMAT EST. 3/2020

With the spread of COVID-19, physical therapy services have moved to a Telehealth format. Every effort will be made to continue adhering to the HIPPA regulations that follow:

MY PT, Inc complies with HIPAA regulations, which state that all patients, employees and volunteers have the right to have the confidentiality of their Protected Health Information, which can include medical, financial, personal and other information, records, data, etc., protected from unauthorized viewing, use and disclosure. We further believe that all employees of MY PT, Inc, must have the same right of confidentiality regarding their personal data, records and information, and that MY PT, Inc information must be safeguarded as well.

In order to safeguard these rights, employees, volunteers, subcontractors, and students may only look at, use or disclose patient, employee or hospital information for reasons necessary to the performance of their duties. Any unauthorized viewing; use or disclosure of such information will provide grounds for termination of employment or volunteer/student affiliation. When in doubt as to whether or not information is considered to be protected health information and/or considered confidential, you understand that it is your responsibility to discuss the matter with your supervisor before a violation occurs. For volunteers who are new to the concept of HIPPA regulations, please be sure to understand that in signing this statement you agree that any and all information regarding patients you may observe or information related to them or their care is **STRICTLY CONFIDENTIAL**. You are not to disclose the name of any patient's observed or any information that would allow someone to be able to determine who you observed or what they were being treated for at MY PT, Inc.

As a staff member of MY PT, Inc, I acknowledge that when I perform my job from a location other than the practice, I will isolate myself from the vision or hearing of others.

I acknowledge being informed of this Statement concerning confidential information and its treatment and agree to adhere to and uphold the expectations of this Statement.

Name (Print) _____

Signature _____

Date _____