



Medical College of Georgia CONFIDENTIALITY STATEMENT

Employees of The Medical College of Georgia have an obligation to maintain the confidentiality of information obtained while employed at MCG. Confidentiality demonstrates the College's commitment to professional standards and behavior. It encourages trust and can result in a high level of satisfaction with services rendered.

Employees rendering patient care, either directly or indirectly, are required to keep confidential all records and communications pertaining to patients, and to show respect for patients' privacy. Information pertaining to a patient's admission, diagnosis, treatment, and financial status is confidential and must be protected. Only the patient's name, verification of hospitalization, and the name of the attending physician can be released and discussed except on a *need-to-know* basis. For psychiatric patients, no information about them or their hospitalization can be released.

Access to patient information in electronic, hard copy, or other forms is restricted to employees involved in the patient's care or in monitoring the quality of patient care. Other than the above staff, access to patient information requires written authorization of the patient or his/her legally designated representative.

Employees involved in research and/or who are a part of the general administrative staff of the Medical College are also expected to abide by the constraints of confidentiality regarding their access to information obtained during the course of their employment. Access to information pertaining to student or employee records, medical records, research projects and their findings is limited to individuals responsible for, or involved in, that operation.

The Medical College of Georgia considers a breach of confidentiality as a serious infraction of Medical College policies. Violation of this policy will result in appropriate disciplinary action that may include discharge.

I have read the above Confidentiality Statement and understand my obligation as an employee to ensure the confidentiality of information.

Employee: _____
Printed Name

Signature Date

Title SS#

Department