

# WORKFORCE CONFIDENTIALITY AGREEMENT

## Atlanta Dental Group PC

I understand that the Atlanta Dental Group PC has a legal and ethical responsibility to maintain patient privacy, including obligations to protect the confidentiality of patient information and to safeguard the privacy of patient information. In addition, I understand that during the course of my employment/ assignment/affiliation at Atlanta Dental Group PC, I may see or hear other Confidential Information such as financial data and operational information pertaining to the practice that Atlanta Dental Group PC is obligated to maintain as confidential.

As a condition of my employment/assignment/affiliation with the Atlanta Dental Group PC, I understand that I must sign and comply with this agreement. By signing this document I understand and agree that:

1. I will disclose Patient Information and/or Confidential Information only if such disclosure complies with Atlanta Dental Group PC policies, and is required for the performance of my job.
2. My personal access code(s), user ID(s), access key(s) and password(s) used to access computer systems, other equipment or the premises are to be kept confidential at all times.
3. I will not access or view any information other than what is required to do my job. If I have any question about whether access to certain information is required for me to do my job, I will immediately ask my supervisor for clarification.
4. I will not disclose any information pertaining to the practice in an area where unauthorized individuals may hear such information (for example, in hallways, on elevators, in restaurants, on public transportation and at social events). I understand that it is not acceptable to discuss any Practice information in public areas even if specifics such as a patient's name are not used.
5. I will not make inquiries about any practice information for any individual or party who does not have proper authorization to access such information.
6. I will not make any unauthorized transmissions, copies, disclosure, inquiries, modifications, or purgings of Patient Information or Confidential Information. Such unauthorized transmissions include but are not limited to, removing and/or transferring Patient information or Confidential Information from Atlanta Dental Group PC's computer system to unauthorized locations(for instance, home).
7. Upon termination of my employment/assignment/affiliation with Atlanta Dental Group PC I will immediately return all property (e.g. keys, documents, ID badges, etc) to Atlanta Dental Group PC.
8. I agree that my obligations under this agreement regarding Patient Information will continue after the termination of my employment/assignment/affiliation with Atlanta Dental Group PC.
9. I understand that violation of this Agreement may result in disciplinary action, up to and including termination of my employment/assignment/affiliation and/or suspension, restriction or loss of privileges, in accordance with Atlanta Dental Group PC's policies, as well as potential personal civil and criminal legal penalties.
10. I understand that any Confidential Information or Patient Information that I access or view at Atlanta Dental Group PC does not belong to me.
11. I have read the above agreement and agree to comply with all its terms as a condition of continuing employment/assignment/affiliation.

\_\_\_\_\_  
Signature of employee/dentist/student/volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**Atlanta Dental Group PC 1624 Piedmont Avenue, NE Atlanta, Georgia 30324 (404) 874-7428**