



# PATIENT

## CONFIDENTIALITY PROTOCOL

### Purpose

To preserve and protect the privacy and confidentiality of all patient health care information and to prevent civil or criminal prosecution for illegal disclosure of such information.

### Policy

It is the policy of this office to ensure that the health care information of all members is kept confidential.

### General Information

It is the right of all members to receive full consideration of privacy and confidentiality with regard to all Information and records about their care.

Health plans and reviewers acting as their agents, however, do have certain rights of access to patient medical information for quality-of-care purposes.

### Responsibility

This office maintains Confidentiality of patient information.

### Procedure

- 1.) All employees, contractors, consultants and anyone who may have access to Individually Identifiable Health Information (IIHI) will sign a statement not to disclose or release confidential information for any reason not medically indicated to any persons other than those legally authorized to receive same.
- 2.) Except when required in the regular course of business, the discussion, use, transmission, or narration, in any form, of any member information, which is obtained in the regular course of job functions, is strictly forbidden.
- 3.) Temporary placement of member records in unattended areas shall be avoided and all records are to be maintained in secured files and in a manner that allows access to authorized individuals only.
- 4.) Facsimile transmission of member data should be limited to documents necessary for the purpose of completing a transaction or communicating specific member data to an authorized individual to whom it is addressed.
- 5.) Electronic access to member data shall be password protected to limit data retrieval to what is needed for job functions.

the **Learning Fountain**

The Learning Fountain, Inc. 125 Ryan Industrial Court, Suite 205 San Ramon, California 94583  
Clinic: (925) 855-9810 or (925) 954-5111 Fax: (925) 263-1906 Web: [www.mylearningfountain.com](http://www.mylearningfountain.com)



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### Acknowledgement of Receipt

By signing this form, you acknowledge receipt of the Patient Confidentiality Protocol of **The Learning Fountain, Inc.** Our Patient Confidentiality Protocol provides information about how we may use and disclose your protected health information. We encourage you to read it in full.

Our Patient Confidentiality Protocol is subject to change. If we change our notice, we will provide you with the revised notice or you may obtain a copy of the revised notice by accessing our website at [www.mylearningfountain.com](http://www.mylearningfountain.com).

If you have any questions about our Patient Confidentiality Protocol, please contact **The Learning Fountain, Inc.** at (925) 855-9810.

Name of Client:

*I acknowledge receipt of the Patient Confidentiality Protocol  
from **The Learning Fountain, Inc.***

Signed:

Date (MM/DD/YYYY):

Please print your name:

If legal representative give relationship:

the **Learning Fountain**

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