



Confidentiality and Ethics Statement

I understand and agree that in the performance of my duties as an employee/volunteer/contractor of the Agency or as a student, hereafter referred to as "Agent"; I must, in accordance with Agency policy, hold patient medical and financial information in confidence. In addition, I may not disclose inside Agency information to anyone, either inside or outside the organization, who does not have a legitimate business need to know it. I understand that any violation of confidentiality may result in punitive action.

I understand that I am responsible for implementing the plan of care/assignment for my patients; for reporting any changes and/or unusual circumstances that arise; and for completing Agency required documentation.

It is my responsibility to assist the patient to obtain all Home Health services to which he/she is entitled. I may not interfere with the provision of insurance benefits for personal Agency gain.

I understand that I may not provide care and receive payment from any insurance carrier or from the Agency in the case of a member of my immediate family. Immediate family for these purposes is defined as husband, wife, child, parent, sibling, step-parents, step-child, step-sibling; father-in-law, mother-in-law, brother-in-law, sister-in-law, son-in-law, and daughter-in-law; grandparent, or spouse of grandparent, and grandchild. Neither may I provide care for a member of my household including, persons sharing a common abode, those related by blood, marriage, and/or adoption, and domestic employees. Boarders are excluded from this list.

I understand that the Agency maintains compliance with all applicable federal and state regulatory requirements and is subject to inspection by various regulatory and credentialing agencies. Segments of my personnel record and my medical record, showing fitness for duty, may be a component of those inspections.

All aspects of care will be coordinated through the Agency office.

As an Agent of the Agency I will not accept any gifts, except those of nominal value, from any patient or person or firm doing business, or seeking to do business with the Agency.

I will submit all work records by the stated deadlines, and accept that any applicable reimbursement will be delayed if time records are not turned in on time.

I understand that deliberate falsification of Medical Records, Time Records, or any other deliberate misrepresentation of the Agency, may be cause of immediate dismissal.

I understand that, when I am assigned a patient it is my responsibility to visit that patient as scheduled.

I understand that, as required by my position, it is my responsibility to notify the Agency of my daily schedule.

I have read and understand the above agreement on this day.

Confidentiality Statement

I understand and agree that in the performance of my duties as an employee of Circle Home, Inc., I must, in accordance with Agency policy, hold medical information in confidence. I understand that any violation of the confidentiality of medical information may result in punitive action.