

# Confidentiality Agreement

The Federal Government recently enacted the *Health Insurance Portability and Accountability Act (HIPAA)*. The regulations enacted require that the health care providers maintain the confidentiality of protected health information. As Business Associates of each of our insureds, Medical Mutual Liability Insurance Society and Professionals Advocate Insurance Company are required to maintain the confidentiality of the PHI disclosed to us. In addition, we must obtain a commitment from you agreeing to the following:

- You will agree to keep the Protected Health Information which you review confidential.
- You will report to the company, any inappropriate disclosures of PHI of which you become aware.
- You will destroy any PHI disclosed to you after you no longer need the PHI for the purpose for which it has been disclosed to you.

I, \_\_\_\_\_, agree to the conditions and restrictions contained in this Confidentiality Agreement.

By: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_