



Appendix D

I am working at the Department of Health and Human Services, New Hampshire Hospital, temporarily in order to complete work on Hair Stylist Services for New Hampshire Hospital. My work is authorized by the Scope of Work in contract number RFB-2023-NHH-02-HAIRS during the term of the Agreement for RFB-2023-NHH-02-HAIRS.

I understand that each patient/resident at New Hampshire Hospital has a right to confidentiality and to the privacy about their clinical information including the fact that the patient is living at New Hampshire Hospital.

I understand that any information, spoken or in writing, that identifies or potentially identifies, or is about a patient/resident may be shared among individuals who need to know the information as it is necessary for the patient/resident's treatment or course of professional education.

I understand that patient information must be kept secure at all times, and may not be placed in or recorded by a personal electronic hardware or software, and shall be protected from any potential breach or exposure to a person or device that not authorized to see, read, or have the information.

I understand that while I am at New Hampshire Hospital, these duty to protect the confidentiality of patient information applies to me.

I understand that under no circumstance may patient information be shared unless an authorization is given by the patient/resident or the patient/resident's legal representative, or when there is a clear medical emergency.

I understand that when I am working at New Hampshire Hospital, I might:

- Unintentionally see or over hear confidential health information, or personal information about a patient/resident, or
- Recognize a patient/resident when I am at New Hampshire Hospital working.

I understand that any violation of the confidentiality is a serious offense, violates the federal Health Insurance Portability and Accountability act of 1996 (Public Law 104-191)(HIPAA), and may be grounds for legal action, breach of contract, or termination of the business relationship.

I agree that I will keep confidential and patient/resident information that I see or overhear. I agree I will not talk about any patient/resident I might recognize, including the fact that patient resides at New Hampshire Hospital.

I agree I will keep any confidential information accidentally, or unintentionally learned to myself even after I complete my work at New Hampshire Hospital.

I,

\_\_\_\_\_,  
Signed name Printed Name  
have read, understand and agree to follow the statements above.