



South Mississippi State Hospital

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CONFIDENTIALITY STATEMENT

As an employee, vendor, or invited guest of South Mississippi State Hospital (SMSSH), you may have access to confidential patient information. It is the policy of SMSSH to require employees, volunteers, vendors, and invited guest to sign a confidentiality statement.

Information regarding the presence of an individual in the SMSSH physical facility, as well as, any personal information, whether it is conveyed to you in the course of business or in any other incidental manner, is confidential and protected by Federal Confidentiality Rules (42 CFR Part 2).

I, _____, have read the above statement and understand that I am responsible for maintaining confidential information whether conveyed to me in the course of business, or incidentally conveyed as a result of my presence in the facility. A copy of this document is being provided to me by SMSSH.

Signature: _____ Date: _____

Witness: _____ Date: _____

Interpretation was provided: Yes No

Signature of Interpreter: _____ Date: _____

Employees (must also read and sign below)

The policy of complete patient confidentiality has been explained to me during orientation and restated by my supervisor. I understand the consequences of a violation of that confidentiality may include dismissal. I have been informed that I will be asked to restate my commitment to patient confidentiality annually.

Signature: _____ Date: _____

Witness: _____ Date: _____