

### CLERGY CONFIDENTIALITY AGREEMENT

In accordance with the privacy regulations contained within the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Saint Francis Medical Center will provide protected health information contained in the Saint Francis Medical Center facility directory to local clergy upon certain assurances that are contained in this Agreement.

I, \_\_\_\_\_, (Name) certify that I am a minister, priest, rabbi, accredited Christian Science practitioner, parish nurse, deacon who is ordained within my denomination, other similar functionary, or otherwise a qualified and authorized volunteer of a religious organization requesting access to information in the Saint Francis Medical Center facility directory.

I understand that Saint Francis Medical Center is willing to provide facility directory information as specified in its policies and procedures.

I understand that any information I receive from Saint Francis Medical Center is confidential, and I agree to maintain all protected health information in confidence and to only use such confidential information as is minimally necessary to carry out the functions of providing spiritual or religious support to an individual.

I acknowledge and agree that I shall only disclose the protected health information for the purposes provided in this Agreement, and I shall not disclose the protected health information in any other manner.

I understand that if I choose to access protected health information using a verbal password assigned to me, I must abide by the following:

- The password is intended for my use only;
- I will not share the password with anyone or let anyone use the password;
- I will not attempt to learn or use the passwords of others.
- I am responsible and accountable for all use of passwords regardless of any intentional or negligent act or omission by me;
- I will not use the password after my affiliation with Saint Francis Medical Center ends.

If I find someone else has been using my password, or if I learn that someone else is using passwords improperly, I will immediately notify the Privacy Official at Saint Francis Medical Center.

I understand that if I no longer need confidential information, I will dispose of it in a way that ensures that others will not see it. I further recognize that Saint Francis Medical Center provides containers designated for the disposal of confidential information.

I understand that any breach in the confidentiality or privacy of protected health information will result in automatic termination of the privilege to receive this information from Saint Francis Medical Center.

I specifically acknowledge that I have read and understand this Confidentiality Agreement and the Saint Francis Medical Center policy and procedure concerning disclosures of protected health information to clergy. I have had the opportunity to ask questions and to be provided with a copy of this policy.

I agree to abide by the Saint Francis Medical Center policy and procedures.

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

Name (Please print): \_\_\_\_\_

Church or Religious Organization: \_\_\_\_\_

Denomination: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Church): \_\_\_\_\_ Phone (Home): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

Password (Optional): \_\_\_\_\_