

Utah Orthopaedics, LLC  
Non-Employee Confidentiality Statement

*(This document is not intended to be signed by individuals/entities subject to a Business Associate Agreement.)*

All patient protected health information (PHI, which includes patient medical and financial information), employee records, financial and operating data of Utah Orthopaedics, LLC, as well as any other information considered sensitive or private, is considered confidential. Confidential information shall not be used or disclosed unless specific permission to do so has been obtained and granted. All applicable federal and state laws will be followed to seek patient permission for any use or disclosure of PHI.

Examples of inappropriate disclosures include:

- Discussing or revealing confidential information to friends or family members.
- Discussing or revealing confidential information to other coworkers or employees without a legitimate "need to know".
- Disclosure of a patient's presence in the office, hospital or other medical facility, without the patient's consent, to an unauthorized party without a legitimate "need to know" and that may indicate the nature of the illness and jeopardize confidentiality.
- Using patient information for marketing purposes without express permission from Utah Orthopaedics and the patient.
- Discussing openly the circumstances of a patients condition or illness in an open and public place. Even if a patient's name is not mentioned this action can result in serious violation accompanied by serious circumstances.

The unauthorized disclosure of confidential information can subject an individual and the individual's employer to liability. Disclosure of confidential information to unauthorized persons, or unauthorized access to, or misuse, theft, destruction, alteration, or sabotage of such information, may result in your immediate removal from the premises and/or revocation of current and future visiting/working privileges of the individual and/or company, and may lead to legal action including fines and/or jail time.

I hereby acknowledge, by my signature below, that I understand that patient PHI and other confidential or proprietary information of Utah Orthopaedics, LLC which I may see or hear or otherwise gain knowledge of in the course of my visit/work with Utah Orthopaedics, LLC is to be kept confidential, and this confidentiality is a condition of my privilege to visit/work with Utah Orthopaedics, LLC. This information shall not be used or disclosed to anyone unless specifically authorized by Utah Orthopaedics, LLC. The unauthorized use or disclosure of patient PHI is possible grounds for immediate removal from the premises; revocation of all future visiting/working privileges; legal action and/or a duty to mitigate damages.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

*(The witness must be a representative/employee of Utah Orthopaedics, LLC)*