



1729 Burrstone Road, New Hartford, NY 13413 (315) 798-1500

Non-Employee Confidentiality/HIPAA Statement

It is the policy of Slocum-Dickson Medical Group P.L.L.C. to protect the privacy of medical information. In the interest of implementing the policy of their obligations to hold patient medical information in the strictest confidence, the following *Confidentiality/HIPAA Statement* shall be reviewed and signed by each non-employee prior to their start date.

I, _____ understand that in the performance of my duties as a non-employee of Slocum-Dickson Medical Group P.L.L.C., I may be required to have access to and be involved in processing of patient care information, and that information may come from sources inside or outside SDMG, on paper, verbally, or in an electronic format.

I also agree to adhere to the practice's HIPAA policies and procedures regarding patient privacy and security of patient protected health information (PHI). Slocum-Dickson Medical Group will not tolerate violations of the HIPAA Privacy rules and regulations.

I understand that I am obligated to maintain the confidentiality and privacy of protected health information at all times, and this information should not be shared or discussed either at work or when off duty.

As an affiliating student/professional/non-employee at Slocum-Dickson Medical Group, P.L.L.C., I agree to abide by the confidentiality/HIPAA policies and procedures and will not disclose or discuss any communications, information, or medical record data in accordance with this policy.

Printed Name _____

Signature _____

Date _____

Slocum Dickson Medical Group Compliance Plan Education Attestation Form

By signing below, I attest that:

1. I understand that Slocum Dickson Medical Group is committed to ethical provision of health care and management of business activities.
2. I understand that Slocum Dickson Medical Group is committed to billing only for services that were actually rendered and are medically necessary to the health and well being of our patients.
3. I understand that Slocum Dickson Medical Group is committed to assessing and coding accurately services provided.
4. I understand that Slocum Dickson Medical Group is committed to a policy of support for those who identify and report suspected fraud and abuse, including a policy prohibiting retribution or retaliation against staff members who report suspected fraud and abuse.
5. In keeping with Slocum Dickson Medical Group values, I agree to conduct my duties in an ethical manner, and understand that compliance with laws and regulations is a condition of employment.
6. I understand that I have an obligation to report suspected instances of fraud or abuse.
7. I understand that if I am listed on the OIG List of Excluded Individuals and Entities, the General Services Administration list of debarred contractors, or other federal exclusion lists, Slocum Dickson Medical Group may not employ me.
8. I know who Slocum Dickson Medical Group's compliance coordinator is; I know what the compliance reporting mechanisms are and how to use them.
9. I understand that adherence to company policy, laws and regulations is a condition of my employment and that disciplinary action, up to and including termination, will result from deliberate acts of noncompliance.

Print Employee Name

Date

Employee Signature

Slocum-Dickson Medical Group, P.L.L.C
Fraud, Waste, and Abuse Attestation Form

By signing below, I attest that:

1. I have been trained in fraud, waste, and abuse and that I am obligated to detect, prevent, and correct instances of fraud, waste, and abuse.
2. I understand that Slocum-Dickson Medical Group is committed to a policy of support for those who identify and report suspected fraud and abuse, including prohibiting retribution or retaliation against staff members who report suspected fraud and abuse.
3. I have been educated on the following laws:
 - Civil False Claims Act
 - Anti-Kickback Statute
 - Stark Statute (Physician Self-Referral Law)
 - HIPAA
4. I understand that Slocum-Dickson Medical Group is committed to maintaining a work environment that is free from harassment and violence, as well as compliant with applicable environmental, health, and safety laws and regulations.

Print Name

Date

Signature



Name: _____

Department/Location: _____

Position: _____ Start Date: _____

This form applies to all students while engaged at Slocum Dickson Medical Group, PLLC.

- Mission, Vision, and Values
- Code of Conduct
- Corporate Compliance
- HIPAA
- Fraud Waste and Abuse
- Universal Precautions
- Safety
- Workplace Violence
- Cell Phones
- Smoking
- Dress Code
- Ergonomics

STATEMENT:

I have successfully participated in Slocum Dickson Medical Group’s Non-Employee General Orientation and have received, read and understand the intent of the communications and policies presented including, but not limited to, all of the items listed above. I voluntarily agree to abide by these practices in order to adhere to the guidelines established by Slocum Dickson Medical Group and all regulatory agencies.

Rules of conduct are designed to protect the rights and interests of all employees and patients. Non-employees are required to comply with all policies, standards, rules regulations and procedures.

Non-compliance will lead to separation from Slocum Dickson Medical Group, PLLC.

Signature _____ Date _____