Introduction: IntegraMed America and Shady Grove Fertility are required to safeguard the privacy of all patients and to protect the confidentiality and security of patient information. To fulfill this responsibility and to comply with the Health Insurance Portability and Accountability Act of 1996 and its related regulations (“HIPAA”), Shady Grove Fertility has implemented policies and procedures to protect the confidentiality and security of patient information. Additionally, Shady Grove Fertility is required by HIPAA to train all members of its workforce regarding its policies and procedures and must document that the training has been provided. This Employee HIPAA Code of Conduct Agreement and Training Acknowledgement is intended to satisfy the documentation requirement.

I, ________________________________, understand and acknowledge that Shady Grove Fertility is committed to providing patients with quality reproductive health care in a confidential and private manner in accordance with the wishes of its patients and the requirements of law, including HIPAA. By signing this form, I acknowledge that I understand my ongoing responsibilities regarding the privacy of health information and will abide by IntegraMed America’s HIPAA Code of Conduct.

I hereby acknowledge and agree that:

• I have received the IntegraMed America Network HIPAA Code of Conduct, have been afforded the opportunity to ask questions or seek clarification and all my questions have been answered, and understand the requirements and obligations set forth in the HIPAA Code of Conduct.
• I have received HIPAA privacy training, including a review of Policies and Standard Procedures (PSPs) related to the handling, security and confidentiality of patient information, and have been afforded the opportunity to ask questions or seek clarification and all of my questions have been answered.
• I have received some security awareness training related to, among other things, the following:

1. Password Maintenance and Management.
2. **Incident Reporting.** This training included the obligation to report privacy or security incidents/complaints to my Privacy Officer, Pam Leach, Ext. 278.

3. **Viruses and Malicious Software.** This training included information about:
   - The general need to avoid the introduction of viruses and malicious software in order to prevent significant harm to IntegraMed America and its computer system;
   - Virus scanning all software or hardware prior to installation;
   - Scanning e-mails and not opening suspicious e-mails or e-mails from unknown sources;
   - The need to contact the Security Officer immediately if it is suspected that a virus has been introduced into the computer system.

4. **Log-in Procedure.** This training included an understanding of my obligations to:
   - Report to the Security Officer a person’s successful log into a system, software or procedure for which he/she was not authorized to access; and
   - Report to the Security Officer any unsuccessful log-ins or discrepancies in log-in activity.

   I have a general awareness of the confidentiality and security issues facing IntegraMed America; and am aware of how to access the HIPAA policies and procedures.

**I hereby agree to:**

- To safeguard the privacy of all patients and to protect the confidentiality of their health information
- Honor and comply with the HIPAA Code of Conduct, the Policies and Procedures, and all Federal and State laws, rules and regulations governing the use and disclosure of confidential information and patient information;
- Cooperate fully with IntegraMed America’s effort to comply with the HIPAA Code of Conduct, Guidelines, Policies and Procedures, and applicable Federal and State laws, rules and regulations governing the use of patient information;
- Check with my supervisor, or Shady Grove Fertility Privacy Officer, or IntegraMed’s Privacy or Security Officer, if I am unsure whether an action involving patient information complies with the HIPAA Code of Conduct, Policies and Procedures, and applicable Federal and State laws, rules and regulations governing the use of patient information;
- To report suspected violations of the HIPAA Code of Conduct, the Policies and Procedures, and/or Federal and State laws, rules and
regulations governing the use of patient information to the Privacy or
Security Officer or another appropriate high-level officer of IntegraMed
America; and

* Cooperate with all inquiries by the administrators of IntegraMed America
concerning the use, disclosure, transfer, security, release, sharing,
utilization, examination, access to, or analysis of a patient’s information
and work to correct any improper practices that are identified.

**EXECUTION OF CERTIFICATION:** I understand that my obligations, as set forth
above, will continue throughout my employment with IntegraMed America and Shady
Grove Fertility after the termination of my employment. Further, my obligations will
continue after the termination of any agreement I may have with IntegraMed America
and Shady Grove Fertility. I understand that, to the extent that I violate my obligations
hereunder or under any State or Federal law, regulation or rule, I will be subject to
disciplinary action, which may include termination, and I may also be subject to civil and
criminal penalties under State and Federal laws, regulations or rules.

**ACKNOWLEDGED AND AGREED:**

PRINT NAME ________________________________________________

TITLE/DEPARTMENT __________________________________________

SIGNATURE ___________________________ DATE _____________

Thank you for your partnership in keeping our patients’ health information confidential
and secure, and for recognizing its importance in providing quality reproductive health
care.