



*Keady Family Practice*

**Keady Family Practice**  
Making Quality Healthcare Convenient  
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## Employee HIPAA Compliance Signature Form

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

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### MY COMMITMENT TO COMPLIANCE

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I have read and understand our office's Employee HIPAA (Privacy Rule) Compliance manual. I agree to do all I can, within my area of responsibility to maintain up-to-date knowledge about federal and state laws and program requirements. I will comply with these requirements to the best of my ability, and to immediately let the Compliance Officer know if there is any area where I feel our office is not in Compliance with these laws and program requirements. Our policy is a simple, yet powerful four-step process: Keep Up-to-date, educate, comply, and audit/correct.

- a. We seek to maintain **up-to-date** knowledge about federal and state law pertaining to protection of our patients Personal Health Information.
- b. We **educate** our employees and keep them up-to-date about federal and state law as it applies to Personal Health Information.
- c. Our policy is to **comply** with all federal and state law governing Personal Health Information.

We desire that all our employees are particularly cognizant of the fact that Personal Medical Information must be treated with utmost attention, accuracy, honesty, and integrity. We seek to educate and carry out these policies with all our employees, managers, clinicians, and where appropriate, contractors and other agents.

I agree with our policy and will do all I can to comply with all regulatory laws pertaining to Personal Medical Information. I understand that our office has an open door policy and I may discuss any problems I feel may occur with PHI without worry of recourse with my supervisor or other supervisors.

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Signature of Employee

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Signature of Compliance Officer