Iowa Specialty Hospital

Specializing in You

VISITOR CONFIDENTIALITY AGREEMENT

During my visit, I may view, have access to, or otherwise come across Protected Health Information ("PHI") (as defined in the HIPAA Privacy Rule) at Iowa Specialty Hospital.

I hereby agree that I will not at any time – either during my visit at Iowa Specialty Hospital or after my visit ends – use, access, or disclose PHI to any person or entity, internally or externally. I understand that this obligation extends to any PHI that I may acquire or view during this visit, whether in oral, written, or electronic form, and regardless of the manner in which access was obtained.

I understand and acknowledge my responsibility to Iowa Specialty Hospital HIPAA policies and procedures during the visit.

Visitor's Signature: ____ Date: _________________

Chaperone's Signature: _____________________________________ Date: _________________