

**CONFIDENTIALITY AND RELEASE**  
**OF INFORMATION FORM**

**SAMPLE COPY**

As employees of \_\_\_\_\_, we are required to observe Health Net's Member Rights. These rights include the right to confidentiality and release of information.

Any release of medical records information must have a consent signed by the patient. When requesting information from another facility, doctor's office, insurance company or a release of records directly to the patient, a Patient Access of Medical Records Authorization is to be completed.

The purpose of confidentiality is to protect the patient's right to privacy to prevent civil or criminal prosecution. The information in the medical record is confidential because it is considered a private communication that exists both legally and ethically between the physician and his or her patient. This special communication is to be protected from unauthorized disclosure. Therefore, we must, in all ways possible, preserve the confidentiality of that communication.

All personnel shall strictly adhere to legal requirements governing release of information and shall not release any information to any person not directly concerned with the care of the patient except as above. In addition, all employees must avoid any type of gossip or discussion of patient care, diagnosis or treatment. Inadvertent comments could result in harm to the patient and make you and/or the health plan physically legally liable. Violation of the patient's right to medical confidentiality is grounds for immediate termination.

I do hereby affirm that I have read and understood the above and agree that I will strictly observe the rules set forth.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date