

Genesis HealthCare System

Zanesville, Ohio

Confidentiality Statement

As an employee/contract worker/volunteer/student working for or affiliated with Genesis HealthCare System, I am aware of my responsibility to maintain the confidentiality of Genesis HealthCare System information and/or data as it pertains to patients, employees, medical practitioners, affiliates and other institutions. I understand that information regarding services performed for a patient or involving a patient's personal history or affairs are strictly confidential and I agree not to disclose any such information or to permit any person to examine or make copies of any Genesis HealthCare System documents without authorization. I also understand, to the extent the use of electronic signatures applies to my job, the Genesis Electronic Signature policy and I will comply with this policy when using computer systems that utilize electronic signatures.

I have been made aware of and fully understand that any unauthorized disclosure of information on my part could result in corrective action, including termination of my employment or termination of my relationship with Genesis HealthCare System.

I am aware that this responsibility remains effective even if at some future time I am no longer associated with this organization.

Signature _____

Print name _____

Position _____

Date _____

Authorized management signature _____

Date _____



Better Begins Here

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