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MEMORANDUM OF UNDERSTANDING STATEMENT OF CONFIDENTIALITY AND SECURITY

It is the policy of Southern Medical Corporation that any and all information concerning a patient of this company is of a strictly confidential nature. Confidentiality, the right of the patient, begins when the patients schedules an appointment, and never terminates. It is the duty and responsibility of every employee of Southern Medical Corporation to ensure this right. I acknowledge that all information in the patient record, a medical/legal document and evidence of patient identity as well as the course of clinical treatment, is strictly prohibited.

I further stipulate that I will abide by the policy of Southern Medical Corporation and will not jeopardize the patient right to confidentiality by revealing, either verbally or in writing, any information that may be used to identify the patient.

It is also the policy of Southern Medical Corporation to maintain a strict security policy. All contracted employees, including all employees working after hours or on weekends, are to report only to the area of the office where his/her job is performed. All employees, whether contracted or non-contracted, with key access to any SMC facility shall return the key to Administration upon termination of his/her employment with SMC or contracted company.

I have read and fully understand the above statement of confidentiality and security and agree to abide by these policies as stated above. I understand that failure to abide by either policy may result in disciplinary action, up to and including discharge.

Print Name: _____

Signature: _____ Date: _____

Witness: _____ Date: _____