

# Confidentiality / Conflict of Interest Disclosure Statement

Agency: Texas United Home Health

### Confidentiality / Non-Disclosure of Company or Patient/Client Information:

Access to any confidential or proprietary information will be limited to the minimum required for the performance of duties as relates to each individual’s job. Any confidential information created, received, maintained, used, disclosed, accessed, or transmitted in the performance of job duties will be maintained and protected from unauthorized disclosure.

The Health Insurance Portability and Accountability Act (HIPAA) ensures the patients’/client’s right to privacy of protected health information (PHI) to be maintained at all times. Any information related to the care of patients/clients through the Agency will be held as confidential. All information, written or verbal, will only be disclosed to appropriate healthcare personnel, staff, those with a “need to know”, or individuals the patient/client requests.

### Conflict of Interest Disclosure Statement:

I acknowledge I have read the policy and procedure regarding conflict of interest and the procedure for disclosure. I understand that if I have an outside relationship that is personal, professional, or otherwise, with a patient/client, vendor, or potential business associate, I must disclose the nature of that relationship to my supervisor, or Administrator as soon as the relationship is established. I also understand that I forfeit any voting privileges, decision-making capacity, and input from any activities associated with said relationship.

I have no conflict of interest to report.

I, \_\_\_\_\_ as a staff member, Governing Body member, or member of any Advisory Committee, am providing the following disclosure of potential conflict of interest:

\_\_\_\_\_  
\_\_\_\_\_

Printed Name

Signature

Date

Reported conflict of interest reviewed by the Governing Body with the following decision(s) made:

Governing Body Member Signature

Date