

# Employee Policy: Outside Entities

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As an employee of \_\_\_\_\_ (company name) I will have access to private and sensitive company information and patient data. It is my strict obligation to preserve the confidentiality of all the information set below:

1. Company financial information
2. Clinical procedures and policies
3. Operational procedures and policies
4. Patient information and data

I shall exercise my legal rights and NOT allow or invite any persons from outside entities or organizations onto company premises for any reason (ie. Inspection, audit, observation, etc.) without specific written or verbal authorization from \_\_\_\_\_ (CEO/Owner of our company). This specifically pertains to, but is not limited to, the following authorities and/or entities:

1. Physical Therapy Board
2. Consumer Affairs Division
3. Insurance Representatives
4. Medicare Representatives
5. State and/or County representatives or law enforcement authorities

I shall exercise my legal rights and NOT give any persons access to patient charts, patient documentation, or data, or company documents or records, without specific written or verbal authorization from CEO/Owner (This excludes typical medical record requests made by physicians, physician offices, insurances, billing companies and attorneys, where a signed authorization by the patient has been attained).

I shall exercise my legal rights and REFUSE to answer, or give answers of any kind, to any persons of outside entity or authority without the specific written or verbal authorization from CEO/Owner, and/or legal representative. I shall exercise my right to **have an attorney present** for answering of any questions whether by request, subpoena, or court order.

Furthermore, I acknowledge and agree with the company policies set forth above and understand that any breach of any of the policies set forth above is and will be grounds for immediate dismissal.

Employee Name: \_\_\_\_\_

Date \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Title \_\_\_\_\_

Witness Name: \_\_\_\_\_

Date \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Title \_\_\_\_\_