



PROVIDENCE HOSPITAL
1150 Varnum Street, Northeast
Washington, D.C. 20017-2180

Physician Confidentiality Agreement

It is anticipated that the undersigned (“Recipient”) may be given access to certain Confidential Patient Information of Providence Hospital for the purpose of obtaining financial, clinical and demographic information. In consideration of Recipient’s access to Providence Hospital Confidential Information, Recipient hereby confirms its understanding and agreement as follows:

For the purposes of this Agreement the following definition will apply for “Confidential Information.”

“Confidential Information” will mean any data or information pertaining to patients of Providence Hospital that is not generally known by the public. Confidential information may include but is not limited to the following information: patient demographics, patient financial status, patient insurance coverage, patient charges and procedures, patient diagnoses and outcomes, patient clinical results and patient credit history with Providence Hospital. Confidential Information also includes any information contained in this paragraph which Providence Hospital obtains from another party which Providence Hospital treats as proprietary or designates as confidential information, whether or not owned by Providence Hospital.

For the purposes of this Agreement the following definition will apply for “Recipient.”

“Recipient” will mean any person, office worker, designated or employed by the undersigned who will be accessing the confidential information on behalf of the undersigned.

Recipient agrees to hold in confidence and not to directly or indirectly use, copy, reveal, report, publish, disclose or transfer any of the Confidential Information to any person or entity, or utilize any of the Confidential Information for any purposes not explicitly authorized by Providence Hospital during the term of any business relationship with Providence Hospital and for a period of two years thereafter.

Because of the unique nature of Confidential Information, Recipient understands and agrees that Providence Hospital will suffer irreparable harm in the event that the Recipient fails to comply with any of its obligations hereunder and that monetary damages will be inadequate to compensate Providence Hospital for such breach. Accordingly, Recipient agrees that Providence Hospital will, in addition to any other remedies available to it at law or in equity, be entitled to injunctive relief to enforce the terms of this Agreement.

This agreement will be binding upon the parties to this Agreement and their respective, heirs, administrators, executors, successors and assigns.

This Agreement and the rights and liabilities of the parties to the Agreement will be determined in accordance with the laws of the District of Columbia.

The intent of this Agreement is to provide Providence Hospital with all remedies afforded to it under applicable law.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the last date referenced.

RECIPIENT

PROVIDENCE HOSPITAL

Signature

Signature

Print Name

Print Name

Title

Title

Date

Date

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