



Berks Deaf & Hard of Hearing Services

2045 Centre Avenue, Reading PA 19605

www.bdhhs.org

Acknowledgment of Confidentiality

IMPORTANT: Please read all sections below. If you have any questions regarding this acknowledgment, please ask the person reviewing this with you to answer those questions before you sign this. You will receive a copy of this acknowledgment for your own records.

I understand that as a contracted interpreter the performance of my job may require me to access or become aware of the following confidential information:

- Patient health care and financial information
- Employee personnel, compensation and health care information
- Physician performance and personnel information
- Business information

I understand that I may not seek information that is not required to do my job. I also understand that I may share information only when necessary to do my job. I agree to store and dispose of information which I use in a way that ensures continued security and confidentiality.

I understand that the methods I use to get information may only be used in the performance of my job. If I require special authorization to access computer-based information, I understand that my computer sign-on information may only be used by me. I also understand that I may not give my sign-on information to anyone, and that this information is the same as my written signature. I accept full responsibility for any use of my sign-on information.

Name (Please Print)	Signature	Date
---------------------	-----------	------

I presented the material to the above signed person as per the guidelines in the Confidentiality Policy. I have given the above signed person the opportunity to ask, and have answered all questions.

Director of Interpreting Services	Date
-----------------------------------	------