



Curastat Inc.
Acknowledgement of Confidentiality of
Patient Health Care Information

I acknowledge the confidentiality of patient health care information (“Confidential Patient Information”) that I may receive or have access to in the course of providing patient care services at Healthcare Facilities/Hospitals at which I am assigned by Curastat. I shall maintain the confidentiality of Confidential Patient Information, and in doing so, shall comply with all applicable state and federal laws and regulations, including, without limitation, that privacy provisions under the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and the policies and procedures of all Healthcare Facility/Hospital where I am assigned by Curastat. My agreement to maintain the confidentiality of Confidential Patient Information shall survive the termination of my employment with Curastat and the conclusion of any assignment at any Healthcare Facility/Hospital I am assigned.

Employee Signature

Employee Name (print)

Date