



#### ACKNOWLEDGEMENT OF CONFIDENTIALITY OF PATIENT HEALTH CARE INFORMATION

I acknowledge the confidentiality of patient health care information (**“Confidential Patient Information”**) that I receive or have access to in the course of providing patient care services at healthcare institutions at which I am assigned through ATC Healthcare Services. 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, the privacy provisions under the **Health Insurance Portability and Accountability Act of 1996 (“HIPAA”)** and the policies and procedure of each healthcare institution where I am assigned. My agreement to maintain the confidentiality of **Confidential Patient Information** shall survive the termination of my employment with ATC Healthcare Services and the conclusion of any assignment at a healthcare institution through the same.

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Printed Name

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Signature

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Date