



*HealthPartners Family of Care*

**STATEMENT OF CONFIDENTIALITY AND RESPONSIBILITY**

I understand that all information regarding patients, their care, and their families, is confidential, and must remain confidential. Patients, their care, and their families are not to be discussed outside of the hospital or in areas such as hallways, cafeterias, or other non-private areas of the hospital. Patient-specific information is not to be shared with other practitioners outside of this hospital unless and until appropriate consent has been obtained and is documented in the medical record. I understand the above requirements are based upon Federal Laws concerning confidentiality of Patient Records and that there are penalties for violation of those laws. In addition, I understand a breach of confidentiality may result in disciplinary action.

I acknowledge that (1) medical staff appointment and/or clinical privileges at this hospital are not a right of every licensed professional who makes application for the same; (2) my request will be evaluated in accordance with prescribed procedures defined in the hospital and medical staff bylaws, rules and regulations; (3) all medical staff recommendations relative to my application are subject to the ultimate action of the hospital Board, whose decision shall be final; (4) if appointed, my initial appointment and clinical privileges shall be provisional for the time period determined by the Board; (5) I have the responsibility to keep this application current by informing the hospital and the medical staff, through the Chief Executive Office, of any change in my professional liability insurance coverage, the filing of a lawsuit against me and any change in my medical staff status at any other hospital; and (6) reappointment and/or continued clinical privileges remain contingent upon my continued demonstration of professional competence and cooperation, my general support of the hospital, as evidenced by admission, treatment, and continuous care and supervision of patients for whom I have responsibility and acceptable performance of all responsibilities related thereto as well as the other factors deemed relevant by the hospital. Reappointment and/or continued clinical privileges shall be granted only on formal application, according to hospital and medical staff bylaws, rules and regulations, and upon final approval of the hospital board of directors.

I have received and had an opportunity to read a copy of the medical staff bylaws including rules and regulations of the medical staff presently in force. I specifically agree to abide by all such bylaws, policies, directives, and rules and regulations as are in force during the time I am appointed or reappointed to the medical staff or exercise clinical privileges at the hospital.

If appointed and/or granted clinical privileges, I specifically agree to: (1) refrain from fee splitting or other inducements relating to patient referral, (2) refrain from delegating responsibility for diagnoses or care of hospitalized patients to any other practitioner who is not qualified to undertake this responsibility or who is not adequately supervised; (3) refrain from deceiving patients as to the identity of any practitioner providing treatment or services; (4) seek consultation whenever necessary or required, (5) abide by generally recognized ethical principles applicable to my profession; (6) provide continuous care and supervision as needed to all patients in the hospital for whom I have responsibility; and (7) accept and fulfill committee assignment and such other duties and responsibilities as shall be assigned to me by the hospital board of directors and medical staff.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Typed or Printed Name \_\_\_\_\_