

Elder Justice Act:

By signing below I understand that I have an obligation to report any “reasonable suspicion of a crime” (as defined by local/State law) against a resident of, or who is receiving care from Masonic Pathways. Suspicions should be reported to local authority and state agency within applicable timeframes. See supervisor/administrator with questions.

HIPAA:

I understand Masonic Pathways policy regarding the privacy and security of its residents’ protected health information (“PHI”) is designed to ensure compliance with all applicable rules and regulations regarding the confidential treatment of our residents’ information. I hereby agree, pledge, and undertake that I will not at any time, during my employment or association with Masonic Pathways, or after my employment or association ends, access or use PHI, or reveal or disclose to any persons within or outside of Masonic Pathways, any PHI except as may be required in the course of my duties and responsibilities and in accordance with applicable laws and/or policies of Masonic Pathways governing the proper release of information. I also understand that the unauthorized use or disclosure of a resident’s PHI will result in disciplinary action up to and including termination of my employment/contract/association/or appointment, the imposition of fines pursuant to state and federal laws, and a report to my professional regulatory body.

Employee Signature

Print Name

Date