HIPAA (Health Insurance Portability and Accountability Act) Agreement Acknowledgement

I acknowledge the confidentiality of patient healthcare information ("Confidential Patient Information") that I may receive or have access to in the course of providing patient care services at participating healthcare facilities through Texas Select Staffing. 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 and without limitation, the privacy provisions under the Health Insurance Portability and Accountability Act of 1996("HIPPA") as well as the policies and procedures of each participating healthcare facility. My agreement to maintain the confidentiality of Confidential Patient Information shall survive the termination of my employment with Texas Select Staffing and the conclusion of any assignment at a participating healthcare facility under contract with Texas Select Staffing.

_____ _____

Signature **Date**

_____

Printed Name