

Certified Medical Staffing

CONFIDENTIALITY STATEMENT

I have been made aware that confidential patient records are maintained on the premises to which I have access. Due to legalities surrounding patient confidentiality, I understand that all documentation found on the premises shall remain as found and shall not be removed from the premises.

I understand and agree that in the performance of my duties, I may have access to certain patient's financial, and or employee date and I must hold this information in confidence.

Furthermore, I understand that intentional or involuntary violation of the Patients Rights to confidentiality or a breech of confidentiality may result in punitive action.

Employee Signature: _____ **Date:** _____

Signature of Administrator or Designee:

Date

PLACEMENT FEE POLICY

I (name) _____, the undersigned, or my acting agent agree to pay Certified Medical Staffing the sum of three thousand four hundred dollars (\$5,400), as a placement fee if I accept permanent employment with a hospital, clinic, corrections facility, home health agency, facility, business and or any client with services arranged through Certified Medical Staffing where I have been assigned or am currently assigned as a Certified Medical Staffing employee. This policy and agreement is binding for a period of eight (8) months from the date of my last time slip or visit note from Certified Medical Staffing client/facility that I am accepting permanent employment

Employee Signature: _____ **Date:** _____

