

Geetha M. Reddy, M.D. F.A.C.C.

Employee Confidentiality Statement Signature Form

Instructions: Read information Management Policy on Confidentiality. Please sign and date form indicating that you understand the policy.

Employee's Full Name: _____

As an employee of Geetha M. Reddy, M.D., I understand and agree that in the performance of my duties, I must maintain the confidentiality of all patient and information related to practice. I understand that any violation of the confidentiality of patient information may result in corrective action up to and including termination of employment and punishment to the full extent of the law.

Employee Signature _____

Date: _____