International Languages Service, Inc.

P.O. Box 54654 Jacksonville, FL 32245 Phone 904.565.1205 Fax 904.565.1219 www.ilsjax.com



CONFIDENTIALITY AGREEMENT HIPAA ACT REQUIREMENTS

Insofar as Contractor will acquire or have access to information, which is of a highly confidential nature, client identity and information communicated during performance of services shall not be disclosed without prior written consent of International Languages Service, Inc. and the client for which the services were performed.

The interpreter must protect and safeguard Client information and shall not disclose information on individuals directly or indirectly except in compliance with State and Federal law.

A new federal law has taken effect that creates a nationwide standard for protecting personal health information. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations apply to everyone that handles protected health information and their vendors/subcontractors. We are sending you this letter in order to remain compliant with the HIPAA Act. Even though in most cases you do not handle patient information, we are still required to advise you of the rules we are bound to and have you agree to them in writing.

The following interpreter/translator agrees that they may only use and or disclose protected health information only for the following purposes:

** Patient Care, Interpretation/Translation Services **	
Signature of Interpreter	Date
Interpreter's Name (Printed)	