



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

Citystate Centre Building, 709 Shaw Boulevard, Pasig City
Healthline 441-7444 www.philhealth.gov.ph



NON-DISCLOSURE AGREEMENT

Should you be identified as a *PhilHealth Employer's Engagement Representative* (PEER), please be informed that:

Employer and employee-member information from any source and in any form (i.e. written, verbal or electronic) is confidential. Access to these pieces of information is allowed **ONLY** if it is needed for you to effectively and efficiently perform your tasks as a PEER.

In the course of the performance of your tasks as a PEER, you may come across confidential information about:

- EMPLOYER (registration records, premium remittance records, billing, and the like)
- EMPLOYEE-MEMBERS (past and current hospital records, conversations, billing information, contact information, salaries, employment records, complaints, benefit availment, and the like)
- OTHER PHILHEALTH DATA (summons, filed cases, survey results, reports, and the like)

Do you agree to:

- ✓ PROTECT the privacy of your employer, employee-members and other stakeholders at all times?
- ✓ ONLY access the information needed to effectively and efficiently discharge your tasks as a PEER?
- ✓ NOT misuse or be imprudent with confidential information?
- ✓ ENSURE that documents containing confidential information are disposed, if needed, properly in the manner that will preclude others from knowing such confidential information?
- ✓ KEEP your *username* and *password* secret and not share these pieces of information to anyone?
- ✓ NOT use *username* and *password* other than my own in accessing any PhilHealth Information System?
- ✓ Be RESPONSIBLE for the use or misuse of confidential information?
- ✓ NOT make any unauthorized copies of PhilHealth's data, statistics, and other related information?
- ✓ NOT share any confidential information even if you are no longer connected with the employer who identified you as its PEER?
- ✓ REPORT any unauthorized use or disclosure of confidential health information?

YES

NO

I fully understand the concepts regarding confidentiality and privacy of confidential health information. In addition, I also know and agree that my failure to fulfill any of the agreements set forth in this Agreement and/or my violations of any terms of this Agreement shall result in my being subject to appropriate disciplinary and/or legal action.

Signature:	Date Signed:
Full name in print:	
Name of Agency/Corporation:	
Name and Signature of Immediate Superior:	Date signed:

In triplicate:
PhilHealth Regional Office
PhilHealth Employer's Engagement Representative (PEER)
Immediate Superior of the PEER