



Republic of the Philippines
PHILIPPINE HEALTH INSURANCE CORPORATION

Citystate Centre, 709 Shaw Boulevard, Pasig City
Call Center: (02) 8441-7442 | Trunkline: (02) 8441-7444
www.philhealth.gov.ph



UNIVERSAL HEALTH CARE
KALUSUGAN AT KALINGA PARA SA LAHAT

Non-Disclosure Agreement

This Non-Disclosure Agreement (NDA) is for the purpose of preventing unauthorized disclosure of Confidential Information as defined below:

- 1. Definition of Confidential Information.** For purposes of this Agreement, “Confidential Information” is defined in accordance with PhilHealth Circular No. 29 s-2015 which provides as follows:

Confidential Information includes, but is not limited to, protected health information, personal financial information, patients records or information gained from committee meetings, hospital or facility visits during accreditation and investigation, inquiries from members, patients or other PhilHealth employees. The definition is further expanded to include the following:

- ✓ Members and their dependents’ personal and financial information including photographs and biometric identifiers such as retinas or iris scans, fingerprints, voiceprints, or scans of hand for face geometry;
- ✓ Privileged health information, such as patient records, medical diagnoses, medical procedures and related documents; and
- ✓ Personal information of accredited health care professionals and providers, except those relating to the delivery of services and practice of profession, such as provider or clinic addresses, accreditation status or duration of accreditation.

- 2. Obligations of Employees.** Employees shall hold and maintain the Confidential Information in strictest confidence for the sole and exclusive benefit of the Corporation. In this regard, as an Employee, I agree that:

- ✓ I SHALL uphold the Corporation’s commitment towards the confidentiality and privacy of the above-mentioned confidential information at all times;
- ✓ I SHALL only access information that I need in the performance of my assigned tasks and duties;
- ✓ I SHALL keep my user account, such as username and password secret and I will never share this information with anyone;
- ✓ I SHALL be accountable for my use and misuse of confidential information;
- ✓ I SHALL report any unauthorized use or disclosure of confidential information;
- ✓ I SHALL hold and maintain all confidential information that I gain access to, in trust and confidence and shall use reasonable efforts to protect them from any harm, tampering, unauthorized access, sabotage, exploitation, manipulation, modification, interference, misuse or misappropriation
- ✓ I SHALL NEITHER use these confidential information for my own benefit NOR give, review, publish, sell, copy, dispose or otherwise disclose to others, or permit its use by others for their benefit or to the detriment of the Corporation;
- ✓ I SHALL NOT use anyone else’s user account to access any PhilHealth information system, email or any software that I can be used to access any confidential information;
- ✓ I SHALL NOT disclose any confidential information even if I am no longer connected with PhilHealth; and
- ✓ I KNOW that the confidential information I learn in the job is a result of providing services and does not belong to me.

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 violations of any terms of this Agreement shall result in my being subject to appropriate disciplinary and/or legal action including termination of employment.

Signature:		Date Signed:
Print Full Name:		
Office/Department:		
Name and Signature of Immediate Supervisor:		Date Signed:

In triplicate:

- (1) Human Resource Department
- (2) Employee
- (3) Employee’s Supervisor

