

CONFIDENTIALITY AGREEMENT

Applies to all Memorial Healthcare “workforce members” including: employees, medical staff, volunteers, vendors, agency staff, consultants, trainees, students, and interns.

Memorial Healthcare has legal and ethical responsibility to safeguard the privacy of all patients and protect the confidentiality of their health information. In the course of my employment/assignment at Memorial Healthcare, I may come into possession of confidential patient information, even though I may not be directly involved in providing patient services. Confidential information not only includes information about our patients, but it may also include information regarding our employees, medical staff, research, and business affairs. Furthermore, our responsibility to safeguard confidential information applies to information in any form – spoken, written, or electronic. The integrity of such information must also be preserved.

I understand that such information must be maintained in the strictest confidence. As a condition of my employment/assignment, I hereby agree to not disclose confidential conversations with others that do not have a need to know and agree to maintain confidentiality in handling, copying, faxing, and disposing of confidential documents. Unusual activity or suspicious behavior that could threaten the confidentiality, integrity, or availability of our information must be reported.

Access to confidential information is permitted only as required to do my job. For example, reading confidential records not directly required for job performance, even if that information is not further disclosed is a violation, therefore, strictly prohibited.

Memorial computer systems and networks requiring password may be accessed only by people with an officially granted unique user ID. I understand that I am responsible for keeping my password secret, not to share any authentication token, not to share access to confidential information, and to protect electronic access to data by locking the keyboard or logging off when leaving the area. I understand I am accountable for activity occurring under my ID and electronic signature. Such activity, including email and internet use, may be monitored. Use of smart phones, tablets and lap tops may be used at the approval of the CIO and in accordance with Memorial’s policies. I agree to immediately report any lost or stolen device that may contain confidential information.

Disclosure of confidential information is prohibited except when required for the performance of my job and when specifically authorized. After termination of employment or business relationship, disclosure of confidential information is absolutely prohibited unless specifically waived in writing by an authorized party.

I certify that I have read, understand and will comply with this Confidentiality Agreement and all Memorial policies. Further, I understand that I will be subject to disciplinary action, up to and including termination of my employment, professional privileges, and/ or business relationship, for violating confidentiality of information.

Student (Print Name)

(Signature)

Date

Parent (Print Name) Required if student is under age 18

(Signature)

Date