



ALL EMPLOYEES / VOLUNTEERS / STUDENTS / CONTRACT WORKERS / AGENCY WORKERS CONFIDENTIALITY AND ACCESS AGREEMENT REGARDING EDUCATIONAL ACCESS / USE / DISCLOSURE OF CONFIDENTIAL INFORMATION

All health care providers have legal and ethical responsibility to protect the privacy of all patients and their health information. Additionally, health care providers must assure the confidentiality and security of their proprietary business resources. As an employee/volunteer/student/contract worker/agency worker involved with educational activities at a health care provider's hospital/clinic/private office, I understand that I will have access to patients' health information and may have access to some of the provider's proprietary business information.

Patient and business information is confidential and protected by law and by the health care provider's policies. As an employee/volunteer/student/contract worker/agency worker, I understand that I must conduct myself in strict conformance to applicable laws and policies relating to privacy and security of confidential information. My responsibilities and duties in regards to privacy and security of confidential information are explained below.

Confidential Information includes any of the following information, whether the information is in paper, verbal or electronic form:

- Patient information (such as health, financial and demographic information)
- Employee/Volunteer/physician information (such as salaries, employment records, disciplinary actions, etc.)
- Provider business information (such as financial and statistical records, strategic plans, internal report, memos, contracts, peer review information, proprietary computer programs, source code, proprietary technology, etc.)
- Third party information (such as computer programs, client and vendor proprietary information, source code, proprietary technology, etc.)

By signing this document, I agree to the following:

- I will access and use confidential information only to the extent necessary to perform my duties and/or approved educational activities.
- I will not disclose or discuss any confidential information with others, including family or friends, who do not have a need-to-know.
- I will access/use protected health information for education purposes in accordance with the attached policy "Appropriate Uses of Protected Health Information for Educational Purposes"
- I will not give my access codes/cards to anyone else, or allow anyone else to access or alter information under my identity.
- I will use appropriate safeguards for any confidential information that I access/use for educational purposes, including facially de-identifying information to be used/removed for educational purposes, appropriate use of computer passwords, and appropriate destruction of materials, when warranted.
- I will report activities by any person that I suspect may compromise the privacy or security of confidential information. Reports made in good faith about such activities will be held in confidence to the extent permitted by law.
- I understand that my obligations under this agreement will continue even after my association with the provider is ended.
- Violations of these responsibilities and duties will subject me to sanctions, which may include, but are not limited to, suspension or termination of participation or access privileges at the health care provider's facility/office and personal legal liability.
- I will not reproduce hard copies of any patient specific protected health information documents and I have been informed that I will need to obtain permission to do so from the Nursing Unit Manager or the Education Coordinator.
- I have received HIPAA privacy training.

Print Name

Date

Signature