



Regional One Health

CONFIDENTIALITY AGREEMENT

Regional One Health has a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of their health information. Additionally, the organization must assure the confidentiality of its human resources, payroll, financial, research, computer systems, and management information. I understand that, in the course of my employment/assignment/volunteering with Regional One Health, I may come into possession of confidential information, even though I may not be directly involved in providing patient services. Such information may be in any form, including paper records, oral communications, audio recordings, and electronic displays. In addition, the personal access code(s) [USER ID(s) and PASSWORD(s)] I use to access computer systems are also an integral part of this confidential information.

By signing this document I understand the following:

- I agree not to disclose or discuss any patient, human resources, payroll, financial, research and/or management information with others, including friends or family, who do not have a need-to-know.
- I agree not to access any information, or utilize equipment, other than what is required to do my job, even if I don't tell anyone else.
- I agree not to discuss patient, human resources, payroll, financial, research or management information where others can overhear the conversation, e.g. in hallways, on elevators, in the cafeteria, on public transportation, at restaurants, or at social events.
- I agree not to make inquiries for other persons who do not have proper authority.
- I agree not to willingly inform another person of my computer password or knowingly use another person's computer password instead of my own for any reason.
- I agree not to make any unauthorized transmissions, inquiries, modifications, or purging of data in any system. Unauthorized transmissions include, but are not limited to, removing and/or transferring data from Regional One Health computer systems to unauthorized locations or systems, e.g. home.
- I agree to log off prior to leaving any computer or terminal unattended.
- I agree that I have a duty to report any breach of confidentiality that I may observe or become aware of.

I understand that violation of this agreement may result in corrective action, up to and including termination of employment and/or suspension and loss of Regional One Health privileges in accordance with applicable Regional One Health policies. Unauthorized release of confidential information may also result in personal, civil, and/or criminal liabilities and legal penalties.

I have read and agree to comply with the terms of the above statement, and will read and comply with Regional One Health's Corporate Privacy and Information Security Policies and Standards.

Name: _____ Employee #: _____ Department: _____
(Please print)

Signature: _____ Date: ____/____/____

Relationship with Hospital:

- | | |
|--|--|
| <input type="checkbox"/> SCHCC Employee | <input type="checkbox"/> Resident |
| <input type="checkbox"/> Medical Staff Physician | <input type="checkbox"/> Volunteer |
| <input type="checkbox"/> Referring Physician | <input type="checkbox"/> Student of _____ School |
| | <input type="checkbox"/> Other _____ |

Please complete and mail, scan/email, or fax back to Attn: Volunteer Services, Regional One Health, 877 Jefferson Ave., volunteers@regionalonehealth.org, Office: 901.545-7427, Fax: 901.545.8604.