



Confidentiality and Security Agreement

I understand that Regional Medical Center in which or for whom I work, volunteer, or provide services, has a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of our patients' health information. Additionally, Regional Medical Center must assure the confidentiality of its human resources, payroll, fiscal, research, internal reporting, strategic planning, communications, computer systems, and management information (collectively, with patient identifiable health information, "Confidential Information").

In the course of my employment/assignment at Regional Medical Center, I understand that I may come into the possession of this type of Confidential Information. I will access and use this information only when it is necessary to perform my job related duties in accordance with Regional Medical Center privacy and security policies, which are available in the individual departments, and on the intranet. I further understand that I must sign and comply with this Agreement in order to obtain authorization for access to Confidential Information.

I will not disclose or discuss any Confidential Information with others, including friends and family, who do not have a need to know it.

I will not in any way divulge, copy, release, sell, loan or destroy any Confidential Information except as properly authorized.

I will not discuss Confidential Information where others can overhear the conversation. It is not acceptable to discuss Confidential Information even if the patient's name is not used.

I will not make any unauthorized transmissions, inquires, modifications, or purging of Confidential Information.

I agree that my obligations under this Agreement will continue after termination of my employment, expiration of my contract, or my relationship ceases with Regional Medical Center.

Upon termination I will immediately return any documents or media containing Confidential Information to Regional Medical Center.

I understand that I have no right to any ownership interest in any information accessed or created by me during my relationship with Regional Medical Center.

I will act in the best interest of Regional Medical Center and in accordance with its Organizational Excellence Standards of Behavior at all times during my relationship with Regional Medical Center.

I understand that violation of this Agreement may result in disciplinary action, up to and including termination of employment, suspension, loss of privileges, and/or termination of authorization to work within Regional Medical Center, in accordance with Regional Medical Center's policies.

I will only access or use systems or devices that I am officially authorized to access, and will not demonstrate the operation or function of systems or devices to unauthorized users.

I understand that I should have no expectation of privacy when using Regional Medical Center's information systems. Regional Medical Center may log, access, review, and otherwise utilize information stored on or passing through its systems, including e-mail, in order to manage systems and enforce security.

I will practice good workstation security measures such as locking my computer when not in use, using screen savers with activated passwords appropriately, and position screens away from public view.

I will practice secure electronic communications by transmitting Confidential Information only to authorized entities, in accordance with approved standards.

I will:

Use only my officially assigned User-ID and password.

Use only approved licensed software.

Use a device with virus protection software.

I will never:

Share/disclose User-Ids or passwords.

Use tools or techniques to break/exploit security measures.

Connect to unauthorized networks through the systems or devices.

I will notify my direct supervisor, appropriate Information Services or (Privacy and/or Security Officer) person if my password has been seen, disclosed, or otherwise compromised, and will report activity that violates this agreement, privacy and security policies, or any other incident that could have any adverse impact on Confidential Information.

The following statements apply to providers using Regional Medical Center systems containing patient identifiable health information.

I will only access software systems to review patient records when I am actively involved in that patient's care, or have that patient's consent to do so. By accessing a patient's record, I am affirmatively representing to Regional Medical Center at the time of each access that I have the requisite patient permission to do so, and Regional Medical Center may rely on that representation in granting such access to me.

Signing this document, I acknowledge that I have read this Agreement and I agree to comply with all the terms and conditions stated above.

Employee / Consultant / Volunteer / Student / Provider /
Healthcare Representative Signature

Date

Employee / Consultant / Volunteer / Student / Provider /
Healthcare Representative Printed Name