

Confidentiality and Security Agreement

Regional Medical Center is committed to maintaining the highest standards for safeguarding confidential information. This confidential data includes, but is not limited to, information about patients, residents, and their families, as well as data related to medical and professional staff, employees, and the organization's operations. All individuals affiliated with Regional Medical Center - including employees, students, volunteers, medical and professional staff members, independent contractors, contractors, and vendors are obligated under this agreement to uphold the confidentiality of this information.

Regional Medical Center places the highest of standards on maintaining the confidentiality of its protected health and non-public hospital information. Regional Medical Center computer systems allow individuals to access restricted or confidential individual and facility information. To access that information Regional Medical Center will issue user identification and secure private passwords to authorized individuals. It is the authorized individual's ethical and legal responsibility to maintain and comply with all confidential requirements.

In the course of your duties at Regional Medical Center, you may be given access to protected health information about patients, residents, family members, employees, medical and professional staff, students or other independent contractors and individuals. In addition, you may also be privy to Regional Medical Center information that is, but not limited to, information concerning employees, intellectual property, non-public financial contracts, materials of a competitive nature and policies, business practices, payroll and benefits information, billing and personnel records, and technical information such as ideas and inventions (whether this information belongs to Regional Medical Center or was shared with us in confidence by a third party) and of which may be received from any source and in any form. The value and sensitivity of any of the above described information is protected by law and by the policies of Regional Medical Center and is hereafter referred to as "protected health information" and/or "confidential information".

As a condition of continued employment or affiliation with Regional Medical Center, and to obtain access to any of the above described protected health and/or confidential information, you agree to execute this agreement thereby acknowledging that access to such information is for the purpose of performing your responsibilities with Regional Medical Center, and for no other purpose and further, you agree to the following:

1. I agree to access and use protected health and confidential information only to the extent necessary for my assigned job duties, which includes the care and treatment of patients, residents, or other individuals, if applicable. I will not access protected health information or seek other confidential information that is not required to perform my role; this includes accessing my own as well as family member records. I understand that Regional Medical Center reserves the right to monitor my compliance with this and all other obligations of this agreement to ensure adherence.
2. I agree not to share protected health information or any other confidential information with individuals who do not need it to perform their job duties. I will be particularly careful to avoid discussing this information in casual conversations.
3. I will exercise caution with all confidential information and protected health information (PHI), regardless of the medium (paper, electronic, etc.), to prevent unauthorized use or disclosure. I understand that removing these materials from my work area, or copying/removing them from any individual department or unit of Regional Medical Center, is strictly prohibited.

4. I understand the risk of electronic messages being intercepted. Therefore, I will only transmit protected health information (PHI) or other confidential data via email if I have authorization from both the individual and Regional Medical Center. For instructions on how to properly send a secure email, please refer to the "Electronic Communications" policy.
5. I will dispose of confidential or protected health information that I no longer need. This disposal will be done in a way that prevents unauthorized individuals from viewing it, and where applicable, in accordance with Regional Medical Center policies.
6. All research, when utilizing confidential or protected health information, will adhere to Federal and State regulations and follow Regional Medical Center policies.
7. When sharing protected health information or Regional Medical Center's confidential information with external parties (such as contractors, consultants, insurance companies, or research sponsors) as part of my duties, I commit to exclusively using processes and procedures approved by Regional Medical Center.
8. Any passwords, verification codes, or electronic signature codes assigned to me are considered equivalent to my personal, legally binding signature. I understand and agree to the following:
 - These codes are exclusively for my use.
 - I will never share my codes with anyone, nor will I allow anyone else to use them.
 - I will not attempt to gain knowledge of or use any codes belonging to others.
 - I am fully responsible and accountable for all system entries and data retrievals performed using my assigned codes, irrespective of whether the action or omission was intentional or negligent on my part.
 - I will not use them after my employment or affiliation with Regional Medical Center ends.
9. I am responsible for immediately notifying the Regional Medical Center Privacy Officer if I discover or suspect unauthorized or improper use of my assigned passwords, electronic signatures, or other codes.
10. I will only access and use Regional Medical Center's computers, information systems, intranet, and the internet for the specific purpose of performing my assigned job responsibilities, and I will not abuse these rights.
11. I will not copy or download software that is not approved by Regional Medical Center.
12. I will handle all protected health information or confidential information stored on a computer or downloaded to external storage devices with care to prevent unauthorized access to, disclosure of, or loss of this information.
13. I understand that the protected health information or confidential information and software I use for my job are not to be used for personal benefit or to benefit another unauthorized user/entity. I also understand that Regional Medical Center may inspect the computer it owns to ensure that its data and software are used according to its policies and procedures.

14. I understand and agree to abide by the obligations of this Confidentiality and Security Agreement and Regional Medical Center’s policies and procedures related to privacy, information security/information technology and confidentiality. If I do not follow these requirements, I understand that I may be subject to disciplinary action, up to and including loss of privileges, being dismissed from my position, and/or termination of contract or affiliation with Regional Medical Center.

15. I understand that the obligations of this Confidentiality and Security Agreement will survive the termination or expiration of my employment or affiliation with Regional Medical Center.

By signing below I am indicating that I have read, understand, and agree to adhere to the conditions of this Confidentiality and Security Agreement for continued employment or affiliation with Regional Medical Center.

User Signature

Date

User Printed Name

Please email a completed copy to vlindsay@regmedctr.org

OR MAIL TO

***ATTN Valerie Lindsay
Regional Medical Center
PO Box 359
Manchester, IA 52057***