

Confidentiality and Nondisclosure Statement

Name: _____ Position: _____

I understand that in my involvement with the facility I may have access to information not generally available or known to the public. I understand that such information is confidential and belongs to the facility. Confidential data/information includes but is not limited to patient, customer, member, provider, group, physician, student, resident, financial, and proprietary information, whether oral or recorded, in any form or medium. Confidential data/information also includes workforce member information that a workforce member does not wish to share. However, nothing in this statement restricts a workforce member's right to disclose wages, hours, and working conditions in accordance with federal and state laws. I understand that information developed by me, alone or with others, may also be considered confidential data/information belonging to the organization in accordance with our policies and procedures.

I will hold any confidential data/information I see or hear in strict confidence and will not disclose or use it except as authorized by the facility.

I will only access the confidential data/information that I need to do my job and will only provide such information to those who need it.

I understand that unless it is a part of my job function, I cannot remove any confidential data/information from the organization without authorization from my core leader and that I must return any such confidential data/information at the end of my employment, engagement or relationship with the facility. I understand that confidential data/information must be stored securely at all times as defined in our policy.

I understand it is my responsibility to become familiar with and abide by applicable laws, regulations, and our policies and protocols regarding the confidentiality and security of confidential data/information.

I understand that email is not a secure, confidential method of communication. I will never send confidential data/information to a personal email account or store it on my personally owned computer or mobile device. When sending messages that include confidential data/information to a non-facility email address as part of my job functions, I must type "#secure#" in the subject line to encrypt the contents of the email. I understand that texting and other messaging are not secure methods to transmit confidential data/information and agree not to use these types of communication methods to transmit such information. I agree to the acceptable use of computer equipment and resources as outlined in policy.

I understand that electronic communication technologies (Internet and email) are intended for job-related activities: however, limited personal use is permitted. Personal use is determined as incidental and occasional use of electronic communications technologies for personal activities that should normally be conducted during personal time, such as break periods, or before and after scheduled working hours, and is not in conflict with business requirements of the department. Internet usage is monitored and audited on a regular basis by our organization. The organization also reserves the right to monitor email and telephone usage.

I understand that this Confidentiality and Nondisclosure Statement does not limit my right to use my own general knowledge and experience, whether or not gained while employed by the facility or partner organization, or my right to use information that becomes generally known to the public through no fault of my own.

I understand that if I breach the terms of this Confidentiality and Nondisclosure Statement or for serious violations of policies related to use or disclosure of confidential data/information including but not limited to viewing of PHI (including demographic information alone) by use of identity look up modules in the electronic health record or by use of other means, for the purpose or personal benefit/curiosity or when there is no business or medical purpose, the facility may institute corrective action up to and including termination of my employment, engagement or relationship with the facility or partner organization.

Signature: _____ Date: _____