



CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT

Organizational information, including, but not limited to, financial, patient and employee information, from any source or in any form (paper, computer, film, etc.) may be considered confidential. The value and sensitivity of information is protected by law and by the strict policies of Self Regional Healthcare. The intent of these laws and policies is to assure that confidential information will remain confidential through its use, only to be used or disclosed as necessary to accomplish Self Regional Healthcare’s mission.

As a condition of being granted authorization to access any form of confidential information identified above, I, the undersigned, agree to comply with the following terms and conditions:

1. My sign-on code is equivalent to my LEGAL SIGNATURE and I will not disclose this code to anyone or allow anyone to access the system using my Sign-On Code.
2. I am responsible and accountable for all entries made and all retrievals accessed under my Sign-On Code, even if such action was made by me or by another due to my intentional or negligent act or omission. Any data available to me will be treated as confidential information.
3. I will not attempt to learn or use another employee’s Sign-On Code.
4. I will not access any on-line computer system using a Sign-On Code other than my own.
5. I will not access or request any information I have no responsibility for under my job description. In addition, I will not access any other confidential information, including personnel, billing, medical or private information.
6. If I have reason to believe that the confidentiality of my User Sign-On Code/password has been compromised, I will immediately change my password and notify the Help Desk of Information Technology Services.
7. I will not disclose any confidential information unless required to do so in the official capacity of my employment or contract. I also understand that I have no right or ownership interest in any confidential information.
8. I will not leave a secured computer application unattended while I sign on.
9. I will comply with all policies and procedures and other rules of Self Regional Healthcare relating to confidentiality of information and sign-on codes.
10. I understand that my use of the system will be periodically monitored to ensure compliance with this agreement.
11. I agree not to use the information in any way detrimental to the organization and will keep such information confidential.
12. I will not disclose protected health information or other information that is considered proprietary, sensitive, or confidential unless there is a need to know basis and then I will disclose only the minimum information necessary in accordance with the policies of the Hospital.
13. I will limit distribution of confidential information to only parties with a legitimate need in performance of the organization’s mission.
14. I agree that disclosure of confidential information is prohibited indefinitely, even after termination of employment or business relationship.
15. I agree to use the minimum protected health information necessary to perform my job duties in accordance with the policies of the Hospital.

I understand that as an employee of Self Regional Healthcare, I may come in contact with information that is considered confidential. I understand and agree that as a term and condition of my continued employment, I will hold all Hospital information in confidence. I further understand that if I violate any of the above terms, I may be subject to disciplinary action, up to and including termination, legal action for monetary damages or injunction, or both.

Employee’s Name: _____ Hospital ID #: _____

Date: _____ Dept/Unit: _____