



Confidentiality and Security Agreement

I understand that Hospital Sisters Health System ("HSHS"), including its Local Systems and Affiliates, has a legal and ethical responsibility to safeguard the privacy and security of all patients and the confidentiality of their protected health information. This responsibility includes but is not limited to all data related to HSHS People Services, payroll, fiscal, research, computer systems, and any protected health information ("Confidential Information".) Therefore, I understand my employment or assignment with HSHS is contingent upon my agreement that:

1. During the course of my employment/assignment with HSHS, I recognize that I may become aware of and have additional responsibilities for protecting Confidential Information in verbal, written, or electronic form.
2. I will not disclose Confidential Information to unauthorized parties or access any Confidential Information not required to do my job. This means not accessing my own, friends, family, or co-workers information without a job related need. This also means that patient information is not to be released to anyone without a patient's written consent nor should any information contained in the patient's record be read, obtained or discussed without having a specific business purpose.
3. I will not share my personal access code(s), user ID(s), or password(s) or knowingly use or try to learn another person's personal access code, user ID, or password per policy.
4. I will safeguard Confidential Information from intentional or unintentional unauthorized access, modification, loss, destruction or disclosure. This means I will not in any way repeat, copy, release, sell, loan, review, alter or destroy any confidential information except as properly authorized within the scope of my professional activities associated with HSHS.
5. I understand that all of my actions on HSHS information systems, including HSHS provided email accounts are the property of HSHS and are subject to audit without regard to my privacy.
6. I will lock or log off any workstation prior to leaving it unattended.
7. I understand that phone calls made through HSHS phone lines may be monitored or recorded.
8. I will not make any unauthorized transmissions, emails, inquiries, texts, audio, imaging or modifications of Confidential Information. I will not remove any Confidential Information from any HSHS facility without proper authorization.
9. I will not download or upload any unauthorized software or copyrighted materials to any HSHS owned device or over any HSHS data network.
10. If I have electronic signature capabilities, I certify that my user ID and password represent my signature and carry all the ethical and legal implications of a written signature. I will not disclose this password to anyone for any reason.
11. I will not access physical areas within HSHS that I do not have a job related need to access. This means not inappropriately using my access badge or knowledge of access codes for non-job related purposes.
12. I will comply with all HSHS HIPAA Privacy and Security policies.
13. I will immediately report to my supervisor, the HIPAA Privacy Officer, or the HIPAA Security Officer any activity that is a violation of this agreement or a violation of any HSHS HIPAA Privacy or Security policies.
14. I will immediately take steps to change my password if I have reason to believe the confidentiality of it has been compromised.
15. I understand that email, texts, audio, imaging and internet access is to be used for business purposes. Unless expressly authorized by my supervisor to use a social networking site for business purposes, I will not use, access or post to any social networking site including, Facebook, MySpace, LinkedIn, Twitter or similar program regarding patient, provider or hospital/facility information or activity. I understand that email, texts, audio, imaging, internet and overall system usage is subject to monitoring to identify inappropriate access to obscene or other objectionable materials as well as to identify excessive non work-related activity. I will comply with HSHS Colleague Social Networking policy.
16. Upon termination of employment or assignment, I will immediately return any documents, equipment, or other media containing Confidential Information to HSHS. I also agree to turn over any keys, access cards, or any other devices that would provide access to any HSHS facility or its information.
17. I understand that my obligations under this Agreement will continue after the termination of employment or assignment.
18. I understand that violation of this Agreement will result in disciplinary action, up to and including suspension, loss of privileges, and/or termination of employment or assignment and that I may be subject to criminal and/or civil prosecution in the event I circumvent any of the above.

My signature below acknowledges that I agree to and will abide by these provisions and that I will only access information systems for authorized patient care or business functions according to policies.

Parent Name on behalf of minor Child (Print)

Signature

Date