



**Confidentiality Agreement**

I shall protect the privacy and confidentiality of patient and employee information, without regard to the source or form of the information (such as written, verbal, photographic, or computerized). Access to this information is allowed ONLY if I need it to do my job.

In my job, I may see or hear confidential information related to:

**PATIENTS and/or FAMILY MEMBERS**

*Such as patient records, conversations, and financial information*

**EMPLOYEES, VOLUNTEERS, STUDENTS, CONTRACTORS, PARTNERS**

*Such as salaries, employment records, corrective action notices*

**BUSINESS INFORMATION**

*Such as financial records, reports, memos, contracts, computer programs, and other technology*

**THIRD PARTIES**

*Such as vendor contracts, computer programs, and other technology*

**OPERATIONS IMPROVEMENT, QUALITY ASSURANCE, PEER REVIEW**

*Such as reports, presentations, survey results*

**I AGREE THAT:**

1. I will only access information I need to do my job.
2. I will not disclose, change, or destroy any confidential information unless it is part of my job. If it is part of my job to do any of these tasks, I will follow the correct department procedure (e.g. disposing of confidential documents in the blue HIPAA bins)
3. I will use confidential information appropriately and carefully.
4. I am responsible for any use or misuse of confidential information.
5. I will keep my computer password secret and I will not share it with anyone.
6. I will take responsibility for not using anyone else's password to access any MSHC system.
7. I will maintain the confidentiality of any confidential information, even if I am no longer an employee of MSHC.
8. I know that my access to confidential information may be audited.
9. I will tell my supervisor if I learn of any activity by any person, including myself, that is a violation of this agreement or any MSHC information security or confidential policy.
10. I know that it is against MSHC policy to make inquiries about confidential information for other personnel who do not have proper authorization to access such information.
11. I know that confidential information I learn on the job does not belong to me.
12. I know that MSHC may take away my access to information at any time.
13. I will protect the privacy of our patients and employees.
14. I know that it is against policy to make unauthorized copies of MSHC software.
15. I am responsible for protecting access to confidential information.

Failure to comply with this agreement may result in corrective action, up to and including termination or my employment and may subject me to legal action. By signing this, I agree that I have read, understood, and will comply with this agreement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Full Name: \_\_\_\_\_ Date: \_\_\_\_\_