

NORTH OAKS HEALTH SYSTEM CONFIDENTIALITY AGREEMENT

I will not access or request patient or other information (collectively referred to as Confidential Information), including my own record, unless through an approved portal, that are not needed for me to perform my duties. I will maintain the confidentiality of information that I access in performing my duties and will not disclose that information except to other persons authorized to receive it or needing to know it to carry out business operations or patient treatment. If I am an independent contractor, temporary staff, or a student, I acknowledge that I am not to provide Confidential Information of any kind to the agency, school, or anyone else who arranged for my work at NOHS unless specifically authorized in the contract between the Agency and NOHS.

I understand that there are federal and state laws protecting Confidential Information. Any non-public information about NOHS' business, patients, families, employees, and staff made known to me in the course of my work at NOHS is to be respected and protected as confidential, and I agree not to access personnel, billing, or other confidential private information that I do not have a need to know to perform my duties.

I understand and agree that the computer user IDs and passwords issued to me are unique codes that identify me to multiple systems within NOHS. All entries that I make in accordance with the policies and procedures of NOHS will reference my identity and I will be fully responsible for all such entries. Accordingly, I will maintain the confidentiality of the log-in and password and will not share or reveal them to others. I will not utilize another user's password in order to access any system.

I will also comply with all NOHS policies and procedures related to computers and information systems. I have the responsibility to familiarize myself with NOHS policies regarding the access to, use and disclosure of Confidential Information, including the attached Acceptable Use Policy.

I understand that NOHS will investigate instances of possible unauthorized use of Confidential Information, computer resources or disclosure of manual or computer system information.

I further acknowledge NOHS requires me to report to my immediate supervisor any known or suspected breach by me or others of the HIPAA, Compliance, and Confidentiality policies of NOHS. I also have been made aware of the NOHS Values Line that allows me to report a violation anonymously and confidentially, and I understand that NOHS will not retaliate against me for making a report in good faith.

I acknowledge that my obligation to protect all confidential information referenced in this agreement continues even after my work at NOHS ceases.

I understand that my failure to comply with this Agreement may result in disciplinary action up to and including termination from NOHS, civil fines, penalties, criminal sanctions, lawsuits, and/or judgments against me personally and/or NOHS.

I have read, understood, and agreed to comply with the terms of this Agreement.

Signature: _____

Name: _____

Date: ____/____/____