



Non-Employee Confidentiality Agreement

All patients of Forrest General Hospital are entitled to the right to confidentiality of all protected health information, including all records and communications. All patient information is regarded as confidential and made available only to authorized users on a need to know basis. All patient information, payroll and personnel data, physician data and patient account records as well as medical staff records are considered to be sensitive data.

As a health care professional affiliated with Forrest General Hospital, you may be issued a unique User-ID and Password that identifies you to the EPIC Electronic Health Record. All inquiries, entries, and updates performed under this User-ID and Password will reference your name. By signing below you are agreeing to access only information on patients for whom the physician whose practice you are associated with is either the admitting, attending, or consulting physician. You are also agreeing to access the information only for treatment, payment or health care operating purposes.

The information entered by you and fellow health care professionals into the various computer systems is part of the legal medical record of a patient, or operational information of Forrest General Hospital. Therefore, all legal and ethical restrictions and the policies of Forrest General Hospital apply to data confidentiality. Disclosure of your User-ID and Password to anyone or any breach of confidentiality is a very serious violation of your legal and ethical obligations.

Any breach of confidentiality, misuse of the EPIC Electronic Health Record at Forrest General Hospital, and/or unauthorized release of information may result in immediate discontinuation of your use of the hospital information system.

If, at any time, you have reason to believe that the confidentiality of any hospital information system, or any other source of patient or Forrest General Hospital records may have been compromised, you are required to notify your supervisor, or Information Services immediately so that appropriate action can be taken.

I, _____, have reviewed the above terms and agree to comply with this Confidentiality and Nondisclosure Agreement.

Signature : _____

Date : _____ ID Badge Number : _____

Physician / Group Association: _____