

WORKFORCE CONFIDENTIALITY AGREEMENT

LCMC/New Orleans East Hospital (NOEH) has a legal and ethical responsibility to safeguard the privacy of all patients and to protect and safeguard the confidentiality of health information. Additionally, NOEH must assure the confidentiality of its patient, human resources, payroll, fiscal, research, computer systems, computer access, management information, and/or personal computer access codes (hereinafter “Confidential Information”).

By signing this document, I acknowledge that I have received a copy of LCMC’s Privacy Program, Sanctions for Information Privacy & Security Violations policy. I have read this material and understand its contents. I furthermore agree not to directly or indirectly use or disclose any Confidential Information, including protected health information (“PHI”) and business related information without proper authority and specifically agree with the following:

1. In the course of my employment/assignment/medical privileges/efforts/training at NOEH, I may come into the possession of Confidential Information. I understand that such information must be maintained in the strictest confidence.
2. I agree not to use, disclose or discuss any Confidential Information with others, including friends or family, who are not authorized or who do not have a need-to-know.
3. I agree not to access any information, or utilize equipment, other than what is required to do my job.
4. I agree not to discuss Confidential Information where others can overhear the conversation, e.g. in hallways, on elevators, in the cafeterias, on the shuttle buses, on public transportation, at restaurants, or at social events. Discretion must be used when discussing Confidential Information in public areas even if a patient’s name is not used, since it can raise doubts with patients and visitors about our respect for their privacy.
5. I agree not to make inquires for other personnel who do not have proper authority or need-to-know.
6. I agree not to willingly inform another person of my computer password or knowingly use another person’s computer password instead of my own for any reason.
7. I agree not to make any unauthorized transmissions, inquiries, modifications, or purgings of data in the system. Such unauthorized transmissions include, but are not limited to: removing and/or transferring data from Organization computer systems to unauthorized locations (e.g. home).
8. I agree to log-off prior to leaving any Organization computer or terminal unattended.

I have read and agree to the terms and conditions of this agreement, and understand that any violation may result in corrective action, up to and including termination and/or suspension and loss of privileges.

Signature of Employee / Staff Physician / Student / Volunteer

Date

Print Name

Please return this signed document.

Please direct any questions or concerns you have regarding this document or LCMC’s Privacy and Program to the Compliance / Privacy Officer, 1401 Foucher Street, New Orleans, Louisiana 70115 or by phone (504) 897-8081