NORTH OAKS HEALTH SYSTEM
CONFIDENTIALITY AGREEMENT

1. I understand that the login ID and password issued to me are: a) unique codes that identify me to North Oaks information systems; and b) equivalent to my signature, and I will be held responsible for any entries/access made using my login/password.

   Furthermore:

   a) I will not disclose my password to anyone, nor will I attempt to learn another person's individual password.

   b) I will not attempt to access any North Oaks system by using a password not belonging to me.

   c) If I know or suspect that the confidentiality of my password or the password of another user has been violated, I will immediately notify my supervisor or the North Oaks Information Technology Department.

   d) I agree to log off of any North Oaks computer systems when not in use.

2. I agree to access patient information on a strict "need-to-know" basis and only for those patients with whom I have a treatment relationship.

3. I will not attempt to obtain access to information that I am not authorized to access including my own medical records, or those records of my family members.

4. I will not access computer resources made available to me by North Oaks for any purpose other than the performance of my job responsibilities related to patients being treated by a provider in the practice indicated below.

5. I will maintain the confidentiality of all patient information. While accepted ethical standards dictate this, federal law specifically protects this information. **I understand that the federal government can and does impose civil and criminal penalties for breaches in patient confidentiality.**

6. I understand that Federal law requires disciplinary action for non-compliant activities, and that any access resulting in a breach of confidentiality of patient information will be forwarded to North Oaks' Compliance Officer.

7. I acknowledge that a patient whose information is inappropriately accessed or shared may have the right to bring legal action against the responsible party.

8. I understand that all electronic data stored and/or shared by North Oaks Health System, including but not limited to, patient care and financial information is confidential and is to be treated with the same medical/legal care as data in paper records. I agree to treat such information

confidentially and to seek clarification whenever a question arises regarding the confidentiality of any such information.

9. I understand that North Oaks has entered into numerous licensing agreements and other contracts, which require confidentiality. As applicable, I agree to keep confidential all information regarding such agreements and contracts.

10. In no event will I copy, sell, share, or tamper with any software program owned or licensed by or to North Oaks.

11. If I know of or suspect any non-compliant activities, I will immediately report the activities to my supervisor, physician, North Oaks Information Technology Department, or North Oaks Compliance Officer.

12. I understand that: a) North Oaks audits access to its systems in order to monitor appropriate access and use; and b) any access or use suspected to be inappropriate will be investigated. I agree to cooperate with any such investigation and to provide requested information to North Oaks immediately upon request.

I have read and understand all provisions of this agreement and hereby agree to comply the terms herein.

Signature: _____ Date: _____

Printed Name: _____ Job Title: _____

Name of Practice: _____ Last 4 digits of SS#: _____

Phone: _____ Fax: _____

Name of Company and Mailing Address (if applicable): _____

_____

City: _____ State: _____ Zip: _____

Contact Person: _____

Title: _____ Email: _____