

TOMAH HEALTH
CONFIDENTIALITY AND SECURITY AGREEMENT
(for Non-Employee Persons participating in care reviews, debriefings)

I understand that the facility or business entity (the "Company") in which or for whom I work, volunteer or provide services, or with whom the entity (e.g., physician practice) for which I work has a relationship (contractual or otherwise) involving the exchange of health information (the "Company"), has a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of their patients' health information. Additionally, the Company must assure the confidentiality of its human resources, payroll, fiscal, research, internal reporting, strategic planning, communications, computer systems and management information (collectively, with patient identifiable health information, "Confidential information").

In the course of my employment / assignment at the Company, I understand that I may come into the possession of this type of Confidential Information. I will access and use this information only when it is necessary to perform my job related duties in accordance with the Company's Policies/Standards of Behavior available on HealthConnect (intranet), P&G Station and/or upon request. I further understand that I must sign and comply with this Agreement in order to obtain authorization for access to Confidential Information.

I WILL NOT:

- access, disclose, or discuss any Confidential Information with others, including friends or family
- Divulge copy, release, sell, loan, alter, or destroy any Confidential Information except as properly authorized
- Discuss Confidential Information where others can overhear the conversation
- Make any unauthorized transmissions, inquiries, modifications, or purging of Confidential Information
- Share/disclose user names, passwords, etc
- Use tools or techniques to break/exploit security measures
- Connect to unauthorized networks through the systems or devices

I AGREE:

- My obligations under this Agreement will continue after termination of my employment, expiration of my contract, or my relationship ceases with the Company
- Upon termination, I will immediately return any documents, equipment, or media containing Confidential Information to the Company
- I have received training on how to protect health information/confidentiality as necessary and appropriate to perform my job responsibilities.
- I only receive confidential information on a need to know basis.

I UNDERSTAND:

- I have no right to any ownership interest in any information accessed or created by me during my relationship with the Company
- I will act in the best interest of the Company and in accordance with its Standards of Behavior at all times during my relationship with the Company
- That violation of this Agreement may result or law enforcement involvement based on circumstances and evaluation.
- I understand and agree that the computer login and/or electronic signature is equivalent to a legal signature.
- I understand and agree to use hospital issued equipment for business purposes and no expectation of privacy.

Signature

Date

Printed Name

Date

Agency Represented

Return to Health Information Director