

As part of MFB's organizational values of customer focus and trust/trustworthiness, protecting confidential information is required by all employees, volunteers, students, contracted agents, business associates and researchers.

I understand and accept that as an employee, volunteer, student, contracted agent, business associate, or researcher, access to patient and hospital business information is required for me to do my job at Mary Free Bed Rehabilitation Hospital (MFB). I am only permitted to access patient information to the extent necessary for me to provide patient care and/or perform my duties. I will treat all patient, physician, employee and hospital business information acquired during the course of my work as strictly confidential. This confidential information may be of a financial, personal or medical nature.

I understand that "confidential" means that patient information must not be revealed or discussed with other patients, friends, relatives, or anyone else outside of MFB. A patient's personal and medical information can only be discussed in private with appropriate individuals who have a medical and/or business related need to know.

I will not release or disclose patient information unless my job requires it. I will disclose only the minimum necessary patient information needed to carry out my responsibilities. I understand that retrieving, viewing or printing information (computerized or paper) on other patients such as friends, relatives, neighbors, celebrities or co-workers is a breach of confidentiality and may subject me to immediate termination of employment as well as civil and/or criminal penalties.

I understand that I could be personally liable for litigation and fines and may expose the hospital to litigation and fines if I access, discuss or release information concerning a patient or employee beyond what is necessary to do my job.

In response to this, **I agree not to:**

- Disclose, discuss, or otherwise reveal any information regarding a patient except that which is required in the course of performing my job duties
- Disclose, discuss or otherwise reveal a patient's condition in public areas (such as elevators, cafeteria and hallways)

To promote confidentiality in the workplace, **I agree not to:**

- Use a code, access a file, or retrieve any stored information unless it is required in the course of performing my job duties
- Share or disclose my computer user ID or password or use another staff member's computer ID or password (except with IT staff who are troubleshooting computer problems)
- Log on to my computer and allow another user to access information
- Save Protected Health Information onto my laptop or removable media (such as memory stick, CD, floppy disk, etc.) without written permission from the HIPAA Privacy or Security Officer
- Send patient identifiable information in an email outside of MFB

I acknowledge, understand and accept responsibility in maintaining confidentiality and realize it is a condition of my employment/association with MFB. Unauthorized disclosures of patient information or hospital business information may result in the termination of my employment or association with MFB.

Date **Printed Name** **Signature** **Department/Program**

Please check one:

Employee **Volunteer** **Student** **Other:** _____