



AGREEMENT ON CONFIDENTIALITY, INFORMATION SECURITY, AND PRIVACY

Kingsbrook Jewish Medical Center places a high priority on maintaining the confidentiality of its agreements, documents, records, and all other sensitive information.

In the course of your duties, you may be given access to confidential information about patients, employees, students, other individuals, or the institution itself. The institution's confidential information includes policies, business practices, financial information, and technology such as ideas and inventions (whether this information belongs to Kingsbrook Jewish Medical Center or was shared with us in confidence by a third party).

It is against the law to improperly disclose the personal health information of any individual patient, and there are strict limits on the use of this information for research. There are additional restrictions regarding the safeguarding of HIV and AIDS-related, psychiatric, and drug and alcohol treatment information.

By signing this statement, you acknowledge that your access to confidential information is for the purpose of performing your responsibilities in this institution, and for no other purpose.

1. I will look at and use only the information I need to care for my patients or do my job. I will not look at patient records or seek other confidential information that I do NOT need to perform my job. I understand that the Medical Center has the ability to determine whether I have followed this rule.
2. I understand that information regarding patients is not to be shared with anyone who does not have an official need to know. I will be especially careful not to share this information with others in casual conversation.
3. I will handle all records both paper and electronic with care to prevent unauthorized use or disclosure of confidential information. I understand that I am not permitted to remove confidential information from my work area. I also understand that I may not copy medical records, and I may not remove them from the patient floors or the Health Information Management Department.
4. Because there is a possibility that other people may intercept electronic messages, I will not use public e-mail (web based e-mail) to send individually identifiable health information.
5. If I no longer need confidential information, I will dispose of it in a way that ensures that others will not see it. I recognize that the appropriate disposal method will depend upon the type of information in question.
6. If I am involved in research, any research utilizing identifiable patient information will be performed in accordance with Federal and State regulations and local Institutional Review Board (IRB) policies.
7. If my responsibilities include sharing the institution's confidential information with outside parties such as ambulance drivers, home care providers, insurance companies, or research sponsors, I will use only processes and procedures approved by the institution.

8. Any passwords, verification codes or electronic signature codes assigned to me are equivalent to my personal signature:
 - They are intended for my use only.
 - I will not share them with anyone or let anyone else use them.
 - I will not attempt to learn or use the passwords, verification codes, or electronic signature codes of others.
9. If I find that someone else has been using my passwords or codes, or if I learn that someone else is using passwords or codes improperly, I will immediately notify my manager or supervisor. I understand that if I allow another person to use my codes, I will be held accountable.
10. I will not abuse my rights to use the institution's computers, information systems, Intranet, and the Internet. They are intended to be used specifically in performing my assigned job responsibilities.
11. I will not copy, download, or install software that is not approved by the Medical Center.
12. I will handle all information stored on a computer or downloaded to diskettes or CDs with care to prevent unauthorized access to, disclosure of, or loss of, this information.
13. I understand that the information and software I use for my job are not to be used for personal benefit or to benefit another unauthorized institution. I also understand that the Medical Center may inspect the computers it owns, as well as personal PCs used for work, to ensure that the Medical Center's data and software are used according to policies and procedures.
14. I understand that if I do not follow these rules, I could lose staff privileges and/or receive disciplinary action, up to and including being dismissed from my position or termination of contract.

I hereby acknowledge that:

I understand the contents of this Policy Statement and Agreement on Confidentiality, Information Security, and Privacy. I also understand that if I do not follow this policy and uphold this agreement, I could lose staff privileges, receive disciplinary action, be dismissed from my position, or have my contract terminated.

Name (print): _____ Signature: _____

Employee # (if applicable): N/A

Date: _____

Company (if applicable): N/A

To be maintained in employee's file, by above signed individual's department; or in Department Head's vendor files for vendor's employees.