

CONFIDENTIALITY AGREEMENT

All contingent workers (i.e. anyone not employed by Columbia St. Mary's) must follow this Confidentiality Agreement. Please read it carefully before signing. You will be held accountable for your actions. Ask questions if there is anything you do not understand.

TERMINOLOGY

I understand that:

- "Patient Information" is private and protected information about a patient, received through your experience at CSM.
- "Business Information" is information about Columbia St. Mary's business, received through your experience at CSM.
- Private and protected means cannot be shared with anyone who does not have a right to know.

PATIENT INFORMATION

I will:

- treat all patient information as private and protected
- discuss patient information only in private
- discuss patient information only with those who have a need to know (**this is true whether I am on duty or off**)
- access the least amount of patient information I need to perform my role
- share the least amount of patient information necessary
- only release patient information when my role requires it
- **not** access any information on friends, relatives, neighbors, celebrities, or co-workers (this includes information on computer and on paper) outside of my assigned job duties (i.e. personal curiosity).
- ensure patient confidentiality when utilizing patient data for educational purposes

BUSINESS INFORMATION

I understand that Columbia St. Mary's business data:

- is private
- is owned by Columbia St. Mary's
- can only be accessed when I need it to perform my role
- **cannot** be shared or discussed with anyone, except as part of my role

SYSTEM SECURITY

I understand that the Information (computer) Systems:

- are owned by Columbia St. Mary's
- can be used only if I follow Columbia St. Mary's rules

I must:

- use only **my** assigned user ids and passwords to perform my role/job function
- **never** allow anyone else to use my user ids and passwords, including co-workers, friends and peers
- log off from or lock the workstation when I leave it, to prevent viewing of private information

- remember that I am accountable for any access or activity that occurs when my user id/password is logged in

I will NOT use the computer:

- to alter or misuse the data systems in any way
- to copy data system software
- for personal gain
- to send offensive information, such as: national origin, sex, sexual orientation, age, disability or religion
- to send patient or business data to anyone who should not receive it
- to copy data or system software

Software on the Columbia St. Mary’s computer system must be:

- approved by Information Services
- officially licensed and installed by the Information Services Department

Columbia St. Mary’s reserves the right to:

- audit the data accessed by me
- audit without my knowledge
- give the data obtained through audit to authorities

PERSONAL ACCOUNTABILITY

I will:

- shred private information or recycle it in the correct container
- be responsible for all information I enter or access in the computer system under my assigned user ids

I understand that after I leave my experience at Columbia St. Mary’s:

- I may no longer access any of the Columbia St. Mary’s data systems.
- Legal action may result if I try to enter the Columbia St. Mary’s data systems without permission.
- I may not discuss anything about patients or business data.

I am required to:

- protect Columbia St. Mary’s information from loss, misuse unauthorized access or change of private data
- report any breaks in the data system security (e.g. sharing of passwords)
- report any breach of this Agreement to the Supervisor or Charge Nurse of the department

I understand that I could be asked to leave the organization if I break any part of this Agreement. I also understand that legal charges could be filed against me.

I have read and understand this Agreement. I know it is a condition of my experience at Columbia St. Mary’s.

Please Print

Last Name	First Name	Middle	SS# (Last four digits)	Month and day of birth
Employer (Company/School Name)		CSM Manager’s Name		
Department	Job Title / Position	Location (facility)	Contact Phone #	

Signature: _____

Date: _____