

CHRISTIANA CARE CORPORATION
CONFIDENTIALITY AND SECURITY AGREEMENT

Important:

This agreement is required to be read and signed by individuals who are approved and granted access to or may have incidental contact with Christiana Care confidential information. Please read all sections; if you have any questions, please ask your supervisor prior to signing or acknowledging that you have read this agreement.

As an employee, resident, member of the Medical-Dental staff, other healthcare provider, student, volunteer, member of the Junior Board, temporary agency or contract person, or a non-Christiana Care employee approved and granted access to Christiana Care information, you may have access to confidential information. Confidential information includes patients' protected health information (PHI), employee information, physician information, and corporate information which may appear in verbal, written, or electronic form. Confidential information is valuable and sensitive and is protected by law and by strict confidentiality policies.

The purpose of this agreement is to inform you of your personal obligation regarding confidential information.

Agreement

Accordingly, as a condition of and in consideration of my access to confidential information, I agree to abide by the following:

1. I will only access confidential information, including patients' protected health information (PHI), in accordance with Christiana Care's policies and as necessary to perform my job responsibilities.
2. I agree that, if I access patient information, I am involved in the care of the patient or am required to access information in conjunction with my job responsibilities.
3. Except as directed by Christiana Care policies or legal process, I will not at any time during or after my employment/ affiliation with Christiana Care:
 - Disclose any such information to any unauthorized person,
 - Permit any unauthorized person to examine or make copies of any reports or other information prepared by me, coming into my possession or control, or which I have access,
 - Attempt to access or use any such information for my or another individual's personal gain.
4. I will not alter or destroy any confidential information, including patients' protected health information (PHI).
5. I will not utilize another person's computer account or badge to access facilities. I will not intentionally share, nor allow anyone else to utilize my computer account or badge to access

facilities, unless a confirmed request has been made by Information Technology Department or the Department of Public Safety and I am able to confirm the legitimacy of the request and the requestors. I accept responsibility for my activities when using my computer account(s) and my badge access to specified Christiana Care areas/locations.

6. If I observe or have knowledge of unauthorized access or disclosure of confidential information, including protected health information (PHI), I will report it immediately to my supervisor or to the Christiana Care Privacy Officer.

7. I understand that all information, regardless of the media on which it is stored (paper, computer, videos, recorders, etc.), the system which processes it (computers, voice mail, telephone systems, faxes, etc.), or the methods by which it is moved (electronic mail, face to face conversation, facsimiles, etc.) is the property of Christiana Care and shall not be used inappropriately or for personal gain and shall not be removed from the premises without prior authorization. I also understand that all electronic communication is monitored and subject to internal and external audit.

8. I understand that discussions (person-to-person, via cell phones, etc.) regarding patient and/or protected health information shall not occur in public places where the presence of persons not entitled to such confidential information may be present and discussions may be overheard. Examples include but are not limited to elevators, lobbies, off premises.

9. I agree to abide by all rules and regulations as specified in the Christiana Care’s Privacy and Security policies unless specifically altered by a separate contractual agreement. These policies are available and maintained on the Christiana Care Intranet (INet). If I do not have access to the Christiana Care INet, I can request that a copy of these policies be provided to me.

I acknowledge and agree to comply with the obligations and conditions outlined in this agreement. I am also acknowledging that Christiana Care has an active on-going program to review records and transactions for inappropriate access and I understand that inappropriate access or disclosure (intentional or unintentional) of information can result in penalties including disciplinary action, disablement of computer access, refusal of access to premises, termination of employment and/or loss of clinical privileges, or legal action.

Signature Date

Printed Name

Social Security Number

Parent/Guardian Signature if under 18 y/o Date