

Confidentiality and Nondisclosure Statement

Name: _____ Position: _____

☐ Employee

☐ Contractor

☐ Temporary

☐ Student

☐ Intern

☐ Physician/Resident

I understand that in my involvement with Providence Health & Services and its affiliated organizations (collectively referred to as "Providence"), I will have access to information not generally available or known to the public. I understand that such information is confidential information that belongs to Providence. Confidential data/information includes but is not limited to patient, customer, member, provider, group, physician, student, resident, financial, and proprietary information, whether oral or recorded in any form or medium. Confidential data/information also includes employee information that an employee does not wish to share. However, nothing in this policy restricts an employee's or, if applicable, other individual's, right to disclose wages, hours, and working conditions in accordance with Federal and State Laws. I understand that information developed by me, alone or with others, may also be considered confidential information belonging to Providence in accordance with Providence policies and procedures.

I will hold confidential, data/information I see or hear in strict confidence and will not disclose or use it except as authorized by Providence, for Providence's benefit.

I will only access confidential data/information that I need to do my job and will only provide such data or information to those who need it.

I understand that unless it is a part of my job function, I cannot remove any confidential data/information from Providence without authorization from my supervisor and that I must return any such confidential data/information at the end of my employment, engagement or relationship with Providence. I understand that confidential data/information must be stored securely at all times as defined in Providence policy.

I understand it is my responsibility to become familiar with and abide by applicable laws, regulations, and Providence policies and protocols regarding the confidentiality and security of confidential data/information.

I understand that email is not a secure, confidential method of communication. I will never send Providence confidential data/confidential information to a personal email account or store it on my personally owned computer or mobile device. And when sending messages that include confidential data/confidential patient information as part of my job functions, I must type "***SECURE***" in the subject line to encrypt the contents of the email. I understand that texting and other messaging are not secure methods to transmit confidential data/information and agree not to use these types of communication methods to transmit such information.

I understand that Providence electronic communication technologies (Internet and email) are intended for job-related activities; however, limited personal use is permitted. Personal use is determined as incidental and occasional use of electronic communications technologies for personal activities that should normally be conducted during personal time, such as break periods, or before and after scheduled working hours, and is not in conflict with business requirements of the department. Internet usage is monitored and audited on a regular basis by Providence management. Providence management also reserves the right to monitor email and telephone usage.

I understand that this Confidentiality and Nondisclosure Statement does not limit my right to use my own general knowledge and experience, whether or not gained while employed by Providence, or my right to use information that becomes generally known to the public through no fault of my own.

I understand that if I breach the terms of this Confidentiality and Nondisclosure Statement, Providence may institute disciplinary action up to and including termination of my employment, engagement or relationship with Providence.

Signature: _____ Date: _____

Note: The signature field above requires a handwritten or electronic signature. After the form is populated, please read and sign it manually or electronically.