



Confidentiality Statement

Name: _____
(Please Print)

St. Joseph's Hospital & Health Center recognizes the importance of protection of confidential information concerning individuals including patients, clients and residents, their families, medical staff and co-workers and the operation of the facility. It is the obligation of every employee, student, volunteer, medical and professional staff member, contractor, etc., to maintain this confidentiality.

St. Joseph's Hospital & Health Center, which includes its clinics, places a high priority on maintaining the confidentiality of its patient and hospital information. St. Joseph's Hospital & Health Center computer systems allow individuals to access restricted or confidential individual and facility information. To access that information St. Joseph's Hospital & Health Center will issue user identification and confidential passwords to authorized individuals. It is the authorized individuals' ethical and legal responsibility to maintain and comply with all confidentiality requirements.

In the course of your duties, you may be given access to protected health information about, patients, clients, residents, 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 St. Joseph's Hospital & Health Center or was shared with us in confidence by a third party).

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

1. I will look at and use only the information I need to care for my patients, clients or residents (individuals) or perform my job. I will not look at individual health records or seek other confidential information that I do not need to perform my job. I understand that St. Joseph's Hospital & Health Center has the ability to determine whether I have followed this rule.
2. I understand that protected health information or any other confidential information is not to be shared with anyone who does not require the information to perform his or her job functions. I will be especially careful not to share this information with others in casual conversation.
3. I will handle all health records – both paper and electronic – with care to prevent unauthorized use or disclosure of protected health information. I understand that I am not permitted to remove confidential information from my work area. I also understand that I may not copy health records or remove them from the individual floors or the Health Information Management Department.

4. Because electronic messages may be intercepted by other people, I will not use e-mail to send individually identifiable health information unless authorized.
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 conducting research, any research utilizing individually identifiable health information will be performed in accordance with Federal and State regulations.
7. If my responsibilities include sharing St. Joseph's Hospital & Health Center'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 St. Joseph's Hospital & Health Center.
8. All 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 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 Director/Manager or Privacy Official at St. Joseph's Hospital & Health Center.
10. I will not abuse my rights to use St. Joseph's Hospital & Health Center's computers, information systems, Intranet, and the Internet, they are intended to be used in performing my assigned job responsibilities.
11. I will not copy or download software that is not approved by St. Joseph's Hospital & Health Center.
12. I will handle all confidential 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 confidential information and software I use for my job are not to be used for personal benefit or to benefit another unauthorized facility. I also understand that St. Joseph's Hospital & Health Center may inspect the computer it owns to ensure that its data and software are used according to its policies and procedures.
14. I have read, understand, and will comply with the Human Resources Policy #EP 105 on Confidentiality.
15. I understand the contents of the Confidentiality Statement on Privacy, Information Security and Confidentiality. If I do not follow the above rules, I could receive disciplinary action up to and including being dismissed from my position.

By my signature below I am indicating that I have read, understand, and agree to adhere to the conditions of this confidentiality statement:

Name (print): _____

Signature: _____ **Date:** _____