



## CONFIDENTIALITY AGREEMENT FOR EMPLOYEES AND CONTRACT STAFF

# EMPLOYEE/CONTRACT STAFF CONFIDENTIALITY AGREEMENT\*

Name: \_\_\_\_\_ ID#: \_\_\_\_\_ Department: \_\_\_\_\_

Children's National Medical Center is committed to maintaining the highest standards of confidentiality. Recognizing that preserving confidential information rests with each employee, the intent of this statement and agreement is to alert employees to their specific responsibilities.

I, the undersigned, acknowledge that I understand and agree to adhere to the following statements:

1. I will abide by the provisions set forth in the CNMC Confidentiality Policy (CH:HR:64), CNMC Information System Security Policy (CH:A:27) and CNMC Appropriate Use of Information Resources Policy (CH:A:32).
2. All patient information (oral, written or electronic, past, present and future, medical, financial or demographic) will be held to the highest level of confidentiality. I will not release, discuss, or disclose any patient information that is not allowed under Federal HIPAA Regulations, or is appropriately authorized or is required by law.
3. I understand that in the performance of my duties I may have access to sensitive information and/or reports related to other employees, organizational design or systems design, source codes, business and financial planning or status and other information related to organizational performance, planning, and development. I agree that I will not disclose such information.
4. System Security and Access:
  - a. I consider my CNMC logon ID to be the equivalent of my signature and I am responsible for all entries made under my logon ID.
  - b. I will maintain proper password security by not revealing my password to anyone.
  - c. I will protect the security of the CNMC Information Systems by not providing anyone else access to the information system.
  - d. I will not leave my work station /terminal unprotected while I am logged onto the CNMC Information System
  - e. I will report suspected security violations immediately to my Supervisor or the Security Coordinator or Director of my Department
  - f. I will access information resources specifically computer systems, only for purposes related to the performance of my assigned job responsibilities.
  - g. I understand that CNMC reserves the right to monitor information systems file access at any time. I will cooperate with periodic necessary inspection of data and equipment assigned to me.
  - h. I understand that all CNMC systems and applications belong to the organization. As such, CNMC has the right to audit, monitor, and inspect all information on the systems including but not limited to use of e-mail, databases, and documents.
5. I understand that this form will become an official part of my employee file. Failure to comply with the provisions in this document as well as the policies referred to within it, will result in disciplinary actions up to and including termination of employment from Children's National Medical Center.

Employee/Contract Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*To be kept in department file**