

CONFIDENTIALITY/INFORMATION SECURITY STATEMENT

I understand that in the course of my employment with Resurrection Health Care and its facilities (RHC), I share the responsibility of maintaining the confidentiality of any employee or patient information that I may have available to me. I understand that it is my responsibility to follow system/hospital policies and procedures as they relate to the providing for patient rights and the confidentiality of information in any form (written, verbal, computerized).

COMPUTER SYSTEMS

I understand that in the course of my employment, I may be required to utilize the on-line computer system in order to fulfill my job responsibilities. If this is required, I understand that the ID number and password issued to me will be a unique code (containing at least 5 characters each) that identifies me to the on-line computer system. All on-line entries that I make will reference my identity and I will be fully responsible for all such entries. Accordingly, I will maintain the confidentiality of my ID number and password and will not reveal them to anyone. I will sign off of the system before leaving my terminal. If at any time I feel that the confidentiality of my ID number or password has been broken, I will contact the Information Systems Department immediately and request a new ID number and password. I further understand that any information I access from the on-line computer system is strictly confidential and will be used only in the performance of my necessary duties. I understand that any employee who knowingly attempts to access the system with another employee's code may be subject to disciplinary action.

EMPLOYEE CONDUCT AND CONFIDENTIALITY

I understand that as an employee of RHC I am responsible for presenting a professional attitude and maintaining the confidentiality of any employee acquired information through appropriate conduct and by providing for discrete and appropriate locations for discussions of issues. I understand that release of employee or patient information of any kind is dictated by policy and if I should be unsure as to the policy guidelines, that I should contact my supervisor for direction.

PATIENT INFORMATION AND CONFIDENTIALITY

I further understand that specific policies and procedures have been developed that outline the proper use and distribution of the patient medical records and that I am responsible for being familiar with those documents as my job necessitates access to the patient medical record. I am aware, that unless specifically identified as part of my job, I am not authorized to discuss any information concerning a patient's personal data or medical condition except with other appropriate medical professionals. I am also responsible for providing that discussions regarding patient information are held in appropriate locations with the appropriate individuals.

Any suspected failure on my part to maintain this confidentiality will be carefully reviewed and will, if substantiated, result in disciplinary action and/or termination in accordance with established employee policies and procedures.

COMPUTER SOFTWARE CODE OF ETHICS

I understand that RHC licenses the use of computer software from a variety of third parties. Also, I understand that such software is customarily copyrighted by the software developer and, unless expressly authorized to do so, RHC and its employees or agents have no right to make copies of the software except for backup or archival purposes. Use of software by employees or agents of RHC while carrying out their usual and customary duties on RHC computers shall be done so in strict compliance with the specifics of the RHC Policy. Furthermore, I agree that I will not provide software to third parties and that I will promptly notify my supervisor or Information Systems of any misuse of software or violations of the Software Policy.

I acknowledge that I have read and understand the RHC policies concerning confidentiality/information systems security/desktop computing software.

PRINT EMPLOYEE NAME

SIGNATURE

DEPARTMENT

SOCIAL SECURITY NUMBER

DATE