

## Confidentiality Agreement

I understand that Metro Health Corporation has a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of their health information. Metro Health Corporation must also assure the confidentiality of other information, including but not limited to, its human resources, payroll, fiscal, research, computer systems and management information (together with patient health information, collectively referred to herein as “Confidential Information”).

In the course of my employment or assignment at Metro Health Corporation, I understand that I may become aware of, be exposed to or have possession of Confidential Information. I further understand that I must sign and comply with this agreement in order to get authorization for access to any of Metro Health Corporation’s Confidential Information.

1. I will not disclose or discuss any Confidential Information with others, including friends or family, who do not have a need to know it. In addition, I understand my personal access code, user ID(s) and password(s) used to access computer systems are Confidential Information.
2. I will not access or view any Confidential Information or use any equipment that is not required to do my job.
3. I will not discuss Confidential Information where others can overhear the conversation (for example, in hallways, on elevators, in the cafeteria, on the shuttle bus, in the parking lots, on public transportation, at restaurants and at social events). It is not acceptable to discuss Confidential Information in public areas even if a patient’s name is not used. This type of discussion may raise doubts among patients and visitors about our respect for their privacy.
4. I will not make inquires about Confidential Information for other personnel who do not have proper authorization to access the Confidential Information within their job description or access rights.
5. I will not make unauthorized copies, transmissions, inquires, modifications, nor will I purge or destroy, Confidential Information. Such unauthorized transmissions include, but are not limited to, removing and/or transferring Confidential Information from Metro Health Corporation to unauthorized location (for instance, home).
6. I will use a screensaver to lock the computer’s display whenever I leave a workstation for a short period of time, and I will log off my computer at the end of my shift or whenever I will be away for a long period of time.
7. I will comply with all security and privacy policies in force at Metro Health Corporation to protect the security and privacy of Confidential Information.
8. I will report violations of the Agreement or of any Metro Health Corporation information security or privacy policies to one of the following: 1) my supervisor; 2) a department head; 3) the Information Security & Privacy Officer; 4) the Information Security and Privacy Hotline (ext. 4413); 5) the I.T. Service Desk; or 6) the Corporate Compliance Hotline.
9. Upon termination of my employment or assignment, I will immediately return any documents or other media containing Confidential Information to Metro Health Corporation.
10. I agree that my obligations under this Agreement will continue after the termination of my employment or assignment.
11. I understand that violation of this Agreement may result in disciplinary action, up to and including termination of employment or assignment and/or suspension and loss of privileges, in accordance with Metro Health Corporation’s Information Security and Privacy Sanctions Policy, as well as any legal liability.
12. I further understand that all use of computer system resources and access activity is subject to monitoring and audit.

***By signing this document I understand and agree that I have read the Confidentiality Agreement and that I agree to comply with all its terms.***

Name:

(First) (Last)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Department: Job Shadow Participant