Confidentiality Agreement

Name: _____ Department: _____

As an employee, medical staff, student, volunteer, or contract worker at Groves Memorial Community Hospital / North Wellington Health Care, I agree that I will:

Faithfully discharge my duties as a member of Groves Memorial Community Hospital / North Wellington Health Care to observe and comply with all policies and procedures of Groves Memorial Community Hospital and/or North Wellington Health Care with respect to privacy, confidentiality, and security.

Maintain in confidence all information concerning Groves Memorial Community Hospital and/or North Wellington Health Care's patients, staff and business at all times (that is, during and after my affiliation with the Hospital).

Only access, use and disclose personal information of patients and/or staff on **a *need to know*** basis to fulfill my job duties.

Keep patient and staff records completely confidential at all times and to protect them from unauthorized examination or casual observation. If working directly with such records, keep them in a secure place when not in use.

Not remove any records containing personal information from the Hospital's premises, except to safeguard during fire, bomb threat or other disaster, or except with the express permission of Administration Dept.

Maintain all access and password information relevant to the information systems completely confidential.

I accept full responsibility for the use of my user account and password and all information accessed/entered/deleted while it is in my deployment.

I understand that the Hospital's computer, electronic communications and voice mail systems are Hospital property and are to be used for Hospital business. I understand that the Hospital reserves the right to access, monitor, review, and disclose information obtained through the Hospital's systems at any time, with or without advance notice to me and with or without my consent.

I understand that a breach of this agreement may be just cause for disciplinary action, up to and including termination of employment or loss of privileges with Groves Memorial Community Hospital and/or North Wellington Health Care. Disciplinary sanctions may be reported to the applicable professional college or association as appropriate.

I am aware that Groves Memorial Community Hospital and/or North Wellington Health Care have policies and procedures regarding the privacy, confidentiality, and security of personal information and I understand that it is my responsibility to be familiar with the requirements outlined in these policies and procedures. I understand that I can refer to my supervisor, manager or Chief Privacy Officer for the details of these policies and procedures.

Electronic Access Request

System(s) to Access (indicate as appropriate):	**Hospital VPN** ❑	**PACS Web Access** ❑	
New Access ❑	**Change Access** ❑	**Delete Access** ❑	

Signature: _____ Signature Date _____

This document is to be retained in the employee, student, volunteer, medical staff and vendor file within the appropriate Department of Use.