



## Confidentiality Agreement Attestation

The El Rio Community Health Center recognizes the importance of protection of confidential information concerning patients, their families, medical and dental staff members, coworkers, and the operations of the Clinic. Treating confidential information in an appropriate manner is a requirement to ensure the trust of our customers and patients and to maintain respect for all persons. It is the obligation of every staff member, student, volunteer, and contractor to maintain this confidentiality. Each job responsibility addresses access to restricted or confidential patient or clinic information. As such, it is extremely important that each staff member, student, volunteer, or contractor verify the preceding and agree to the following:

- 1) I understand and agree that I have the responsibility for maintaining strict confidentiality of information shared with me or acquired by me as part of my duties. Any patient information; confidential information about a coworker, his or her family, or physician / dentist; or management and financial information regarding the facility that is made available to me is for my professional use only. I understand that such information may be discussed only as needed to properly perform the duties of my position. I further understand that this prohibition extends to any disclosure to coworkers, family, or any other individual not involved in the scope and performance of my duties.
- 2) I will protect the confidentiality of patient, coworker, clinic information and will not disclose or release (communicate, print, copy, or fax) restricted or confidential information to any 3<sup>rd</sup> party within or outside the Clinic except to the extent required by my normal job duties. I further understand that this information will be used only in the performance of my necessary duties. I will not discuss information about a patient outside of the facility, in public areas of the facility, or any place where I may be overheard.
- 3) I will not access or attempt to access information other than that information which I have been authorized to access and have a need to know in order to perform my job.
- 4) In regards to computerized information/access, I also agree that:
  - a. The computer user ID, in combination with the password I create, is unique to me. I acknowledge that my user ID and password are to be maintained as confidential and are for my use exclusively. All system accesses and entries that I make will reference my identity with this user ID and password, and I understand that I am responsible for any and all activity performed using my user ID and password.
  - b. I understand that if I disregard the confidentiality of my passwords, willingly inform another person of my password, or use the user ID and password of another person, I will be subject to disciplinary action, up to and including termination (as provided for in our Agreement with AFSCME Local 449, Council 97).
    - i. *Exception: Confidential employees (e.g. administrative assistants) may have access to their supervisor's user ID and password information.*
  - c. If at any time I feel my password security has been violated, I will immediately contact my supervisor.
  - d. I will not intentionally damage, corrupt or inappropriately delete data or computer programs, or copy data or programs to other devices or media without authorization.
  - e. I acknowledge that using El Rio's computer system will subject me to having my activities routinely monitored by system and compliance personnel. I expressly consent to such monitoring and am advised that if such monitoring reveals unprofessional or possibly criminal activity, systems or compliance personnel may provide the evidence to Administration.
- 5) I understand that there are various security codes and passwords belonging to El Rio's physical premises or equipment that I may be given in the course and scope of my duties. I understand that these codes and passwords are confidential and subject to the provisions of this agreement.
  - a. I understand that unauthorized or indiscriminate disclosure of such confidential information or any violation of this agreement may subject me to corrective action up to and including termination of employment and suspension or loss of privileges (as provided for in our Agreement with AFSCME Local 449, Council 97).

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

Printed Name: \_\_\_\_\_

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