

**AUGUSTA HEALTH**  
**CONFIDENTIALITY AGREEMENT**

I understand that Augusta Health has a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of their health information. Additionally, Augusta Health must assure the confidentiality of its human resources, payroll, fiscal, research, computer systems, and management information (collectively "Protected Health Information or PHI"). Protected Health Information is any individually identifiable health information.

In the course of my employment/assignment at Augusta Health, I understand that I may come into the possession of PHI.

I further understand that I must sign and comply with this agreement in order to get authorization for access to any of Augusta Health's PHI.

1. I will not disclose or discuss any PHI with others, including friends or family, who do not have a medically justifiable need to know. I understand that my personal access code, user ID(s), and password(s) used to access computer systems is also an integral aspect of this PHI.
2. I will not access or view any PHI, or utilize equipment, other than what is required to do my job.
3. I will not discuss PHI where others can overhear the conversation (for example, in the hallways, on elevators, in the cafeteria, on the shuttle bus, on public transportation, at restaurants, and at social events). It is not acceptable to discuss PHI in public areas even if a patient's name is not used. Such a discussion may raise doubts amongst patients and visitors about our respect for their privacy.
4. I will not make inquiries about PHI for other personnel who do not have proper authorization to access such PHI.
5. I will not willingly inform another person of my computer password or knowingly use another person's computer password instead of my own for any reason.
6. I will not make any unauthorized transmissions, inquiries, modifications, or purgings of PHI in Augusta Health's computer system. Such unauthorized transmissions included, but are not limited to, removing and/or transferring PHI from Augusta Health's computer system to unauthorized locations (for instance, home), or downloading PHI onto personal storage devices such as thumb drives or secure digital (SD) cards.
7. I will not leave any computer or patient information unattended with my password active on the screen.
8. I will comply with any security or privacy policy developed by Augusta Health to protect the security and privacy of PHI.
9. I will immediately report to my supervisor any activity, by any person, including myself, that is a violation of this Agreement or of any Augusta Health information security or privacy policy.
10. Upon termination of my employment, I will immediately return any documents or other media, containing PHI to Augusta Health
11. I agree that my obligations under this Agreement will continue after termination of my employment.
12. I understand that violation of this Agreement may result in disciplinary action, up to and including termination of employment and/or suspension and loss of privileges, in accordance with Augusta Health's Disciplinary Policy, as well as legal liability.
13. I further understand that all computer access activity is subject to audit.

By signing this document I understand and agree to the following:

I have read the above agreement and agree to comply with all its terms.

Signature of employee/physician/student/volunteer \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_