

## **Access and Confidentiality Agreement for Employees, Volunteers and Students**

As an employee/volunteer/student with privileges at [Practice Name], you may have access to what this agreement refers to as "confidential information." The purpose of this agreement is to help you understand your duty regarding confidential information.

Confidential information includes patient/member information, employee/volunteer/ student information, financial information, other information relating to [Practice Name] and information proprietary to other companies or persons. You may learn of or have access to some or all of this confidential information through a computer system or through your employment activities.

Confidential information is valuable and sensitive and is protected by law and by strict [Practice Name] policies. The intent of these laws and policies is to assure that confidential information will remain confidential - that is, that it will be used only as necessary to accomplish the organization's mission. As an employee/volunteer/student, you are required to conduct yourself in strict conformance to applicable laws and [Practice Name] policies governing confidential information. Your principal obligations in this area are explained below. You are required to read and to abide by these duties. The violation of any of these duties will subject you to discipline, which might include, but is not limited to, termination of employment and to legal liability.

As an employee/volunteer/student, you understand that you will have access to confidential information which may include, but is not limited to, information relating to:

- Patients/members (such as records, conversations, admittance information, patient/member financial information, etc),
- Employees/volunteer/students (such as salaries, employment records, disciplinary actions, etc.),
- [Practice Name] information (such as financial and statistical records, strategic plans, internal reports, memos, contracts, peer review information, communications, proprietary computer programs, source code, proprietary technology, etc.) and
- Third party information (such as computer programs, client and vendor proprietary information , source code, proprietary technology, etc.).

Accordingly, as a condition of and in consideration of your access to confidential information, you promise that:

1. You will use confidential information only as needed to perform your legitimate duties as an employee/volunteer/student affiliated with [Practice Name]. This means, among other things, that:

- A. You will only access confidential information for which you have a need to know; and
  - B. You will not in any way divulge, copy, release, sell, loan, review, alter or destroy any confidential information except as properly authorized within the scope of my professional activities affiliated with [Practice Name]; and
  - C. You will not misuse confidential information or carelessly care for confidential information.
2. You will safeguard and will not disclose my access code or any other authorization I have that allows me to access confidential information.
  3. You accept responsibility for all activities undertaken using my access code and other authorization.
  4. You will report activities by any individual or entity that I suspect may compromise the confidentiality of confidential information, Reports made in good faith about suspect activities will be held in confidence to the extent permitted by law, including the name of the individual reporting the activities.
  5. You understand that my obligations under this Agreement will continue after termination of my employment. You understand that your privileges hereunder are subject to periodic review, revision and if appropriate, renewal.
  6. You understand that you have no right or ownership interest in any confidential information referred to in this Agreement. [Practice Name] may at any time revoke my access code, other authorization, or access to confidential information. At all times during your employment, you will safeguard and retain the confidentiality of all confidential information.
  7. You will be responsible for your misuse or wrongful disclosure of confidential information and for your failure to safeguard your access code or other authorization access to confidential information. You understand that your failure to comply with this Agreement may also result in your loss of employment at (HEALTHCARE ENTITY).

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Employee/Volunteer/Student Signature and Date

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Printed Name