

Information Confidentiality Agreement

As a condition of and in consideration of my use, access, and/or disclosure of confidential information, I understand and agree to the confidentiality requirements outlined in this Agreement. I understand that these requirements and my responsibility to protect the confidentiality and security of information apply when I am working off-campus as well as at Swedish Medical Center (Swedish or SMC) including all owned and operated facilities and clinics.

Definitions

Confidential Information: Information which may include, but is not limited to:

- Patient information (medical records, conversations, demographic information, financial information)
- Employee information (salaries, employment & payroll records, unlisted phone numbers, health records)
- Swedish proprietary information (financial reports, production reports, report cards, reimbursement tables and contracted rates, strategic plans, internal reports, memos, contracts, peer review information, credit information, communications, computer programs, technology)
- Third party information (computer programs, vendor information, technology)

- 1) I will access, use and disclose minimum confidential information only as necessary to perform my job functions. This means, among other things, that:
 - a) I will only access, use, and disclose the minimum confidential information as authorized to do my job;
 - b) I will not in any way access, use, divulge, copy, release, sell, loan, review, alter, or destroy any confidential information except as properly and clearly authorized within the scope of my job and in accordance with all applicable Swedish policies and procedures and with all applicable laws;
 - c) I will report to my supervisor, manager or to the Swedish Privacy Officer any individual's or entity's activities that I suspect may compromise confidential information.

(Section 2 only applies if you have been granted electronic access to SMC systems, including email.)

- 2) Because all of my passwords (and/or other authentication devices such as tokens or cards) are the equivalent of my signature and because I am the only person authorized to use them, I agree to the following:
 - a) I will safeguard and not disclose my passwords or allow the use of my authentication devices by anyone including my manager or supervisor or another employee.
 - b) I will not request access to or use any other person's passwords or authentication devices.

- c) I accept responsibility to log out of the system to which I'm logged on. I will not under any circumstances leave unattended a computer to which I have logged on without first either locking it or logging off the workstation.
 - d) If I have reason to believe that the confidentiality of my password has been compromised, I will immediately change my password.
 - e) I understand that my password will be deactivated in the event that I am no longer employed by or in an education relationship with Swedish, have no medical staff privileges at Swedish, or when my job duties no longer require access to the computerized system.
 - f) I understand that Swedish has the right to conduct and maintain an audit trail of all access to patient information and other system activity such as Internet access and that Swedish may conduct a review to monitor appropriate use of my system activity at anytime and without notice.
 - g) I understand and accept that I have no individual rights to or ownership interests in any confidential information referred to in this agreement and that therefore Swedish may at any time revoke my passwords or access codes.
3. I understand that it is my responsibility to be aware of Swedish policies regarding electronic communications and other policies that specifically address the handling of confidential information and misconduct that warrants corrective disciplinary action.
 4. I understand that in addition to protecting confidentiality, I am also required to be aware of the *Information Security: Acceptable Use of Information Assets* policy and to abide by all of its requirements regarding the appropriate use of Swedish computer systems.
 5. I understand that any fraudulent application, violation of confidentiality or any violation of the above provisions may result in disciplinary action, including loss of system and information access privileges, as well as other appropriate disciplinary measure up to and including termination of employment and/or affiliation with Swedish.
 6. I understand my obligations under this Agreement will continue indefinitely after leaving my employment or business relationship with Swedish.

My signature below indicates that I have read, accept, and agree to abide by all of the terms and conditions of this Agreement and agree to be bound by it.

Signature: _____ Date: _____

Printed Name: _____

Professional Discipline (e.g. nursing, PT, RT): _____

Instructor Name: _____ School Name: _____