



Shelby County Health Care Corporation
CONFIDENTIALITY AGREEMENT



Shelby County Health Care Corporation (SCHCC) and its affiliates, including the Regional Medical Center at Memphis (The Med) and the Health Loop, have a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of their health information.

By signing this document I understand the following:

- 1. I agree not to disclose or discuss any patient, human resources, payroll, financial, research and/or management information with others, including friends or family, who do not have a need-to-know.
2. I agree not to access any information, or utilize equipment, other than what is required to do my job, even if I don't tell anyone else.
3. I agree not to discuss patient, human resources, payroll, financial, research or management information where others can overhear the conversation, e.g. in hallways, on elevators, in the cafeteria, on public transportation, at restaurants, or at social events.
4. I agree not to make inquiries for other persons who do not have proper authority.
5. I agree not to 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 agree not to make any unauthorized transmissions, inquiries, modifications, or purging of data in any system.
7. I agree to log off prior to leaving any computer or terminal unattended.
8. I agree that I have a duty to report any breach of confidentiality that I may observe or become aware of.

I understand that violation of this agreement may result in corrective action, up to and including termination of employment and/or suspension and loss of Regional Medical Center privileges in accordance with applicable Regional Medical Center policies. Unauthorized release of confidential information may also result in personal, civil, and/or criminal liabilities and legal penalties.

I have read and agree to comply with the terms of the above statement, and will read and comply with Regional Medical Center's Corporate Privacy and Information Security Policies and Standards.

Name: _____ Employee #: _____ Department: _____
(Please print)

Signature: _____ Date: ____/____/____

Relationship with Hospital: () Resident
() SCHCC Employee () Volunteer
() Medical Staff Physician () Student of _____ School
() Referring Physician () Other _____