

Winthrop University Hospital Information Technology - Confidentiality Form

It is the policy of Winthrop University Hospital to ensure the confidentiality of patient information, and to protect computerized patient information from misuse. All employees, medical staff members, post-graduate trainees, volunteers, and contracted service staff are required to sign the following confidentiality statement.

I, the undersigned, acknowledge:

- 1 Access to the hospital information system is only for the purpose of delivering care to patients and will not be used for any other purpose.
- 2 I understand that the confidentiality of patient information is legally mandated and of the utmost importance.
- 3 I understand that the disclosure of my logon credentials (Usernames and Passwords) to anyone under any circumstances is a violation of security and breach of hospital and patient confidentiality.
- 4 My logon credentials are the legal equivalent to my signature.
- 5 I will only access information needed for the performance of my job, I will not attempt to access any unauthorized information.
- 6 I will not allow others to work under my logon credentials and will be responsible for all transactions performed under my logon credentials.
- 7 I will not attempt to access information in the system by using logon credentials other than my own.
- 8 I will not attempt to learn another user's logon credentials.
- 9 I will log off or lock the computer system when I have completed my work.
- 10 I will disclose patient information only to those providing direct patient care, unless directed to do so by my supervisor. All patient information will be held in the strictest confidence.
- 11 I will be discrete in discussing patient information with other care providers so that conversations cannot be overheard.
- 12 It is my responsibility and obligation to notify the Information Technology Department via the IT Helpdesk immediately if I have reason to believe that the confidentiality of any of my logon credentials has been jeopardized. The Information Technology Department will immediately change the logon credential in question.
- 13 Any disclosure of patient or hospital information or violation of the above will be subject to disciplinary action in line with hospital policy, which may include termination.

I have read the above information and understand that any violation or compromise of the confidentiality of the Winthrop University Hospital's Information System or the information contained therein will subject me to disciplinary action.

Signature of Employee

Date

Print Name

Employee ID #
(If applicable)