

CONFIDENTIALITY AGREEMENT FORM INSTRUCTIONS

**** This form is to be completed by the user requesting network/application access ****

NOTE: Please be sure you are using the latest version of Adobe Reader in order to take advantage of all the PDF automated features.

IMPORTANT: Please submit this form with complete and accurate information otherwise processing will be delayed. This agreement is used in conjunction with the SAR form submitted by the Tufts Medical Center manager.

1. Complete all fields. You will be notified during field entries and upon submittal if any field information is missing or incorrectly formatted.
2. Choose a security question with a response. This information will potentially be used by Tufts MC User Security Administration and the Tufts MC Help Desk for password/access issues.
3. Validate the form by clicking on the [Validate Form] button. If the validation is successful the User's E-Signature field will become enabled.
4. Sign the form using your E-Signature. You will be prompted to create a copy of the form. Proceed and create the copy.

NOTE: [Click here to learn about how to create an E-Signature.](#)

5. The [Submit Form] button will be enabled. Click on the [Submit Form] button. An email with the attached confidentiality agreement will be created for submittal to Tufts Medical Center User Security team. Do not alter the user information in any way. Comments can be added within the designated area.

6. Click [Send]. This completes the Confidentiality Agreement Form submission process.



CONFIDENTIALITY AGREEMENT

This agreement is made on _____, between _____, (hereinafter the "User", also referred to by the use of "I", "me", and "my") and Tufts Medical Center.

This agreement shall be binding across all Tufts Medical Center & Affiliate locations, including Wellforce member hospitals and care delivery organizations while providing continuity of care to patients and/or providing other services to or on behalf of constituent organizations and any of the aforementioned entities.

For the purpose of this agreement, the entity Tufts Medical Center will include Affiliates and Wellforce member hospitals and related care delivery organizations.

In consideration for and as a condition of my access to the Tufts Medical Center Information Network, I agree as follows:

I shall not directly or indirectly disclose or publish any confidential employee/payroll or patient information ("confidential information") to anyone not requiring knowledge of such information to perform his or her duties to Tufts Medical Center or an otherwise authorized recipient thereof, without the prior written approval of Tufts Medical Center. I shall keep confidential all confidential information disclosed to or learned by me and shall not use or attempt to use confidential information in any manner which may injure or cause loss or may be calculated to injure or cause loss, whether directly or indirectly, to Tufts Medical Center or its employees. Further, I shall not view/browse such confidential information on any media, including, but not limited to paper, electronic, fiche, film, etc., that is not necessary for me to view in carrying out my functions as an employee of Tufts Medical Center & Affiliates or Wellforce entities. These restrictions on the use and disclosure of confidential information shall extend beyond the term of authorized information access.

Confidential information means all information of any nature including, without limitations, any and all documents, records, electronically stored data, and any other communications (whether or not designated as confidential or proprietary) disclosed to (whether electronically, in writing, orally, or by observation) or learned by me concerning or relating to employee information, salaries, benefits, or patient demographic or medical information, etc. Confidential information shall in no case include information generally known to the public or which is known to me prior to its disclosure to me by Tufts Medical Center & Affiliates or Wellforce entities or which is disclosed to me by third parties legally entitled to disclose it.

I agree that all confidential information, documents, and materials pertaining to any Tufts Medical Center & Affiliates or Wellforce entities employees or patients in my possession now or at any time during my authorized access to such information including, without limitation, salaries, personal information, benefits information, medical records information, manual or electronic files, records, or the like, are and shall remain the exclusive property of Tufts Medical Center & Affiliates or Wellforce entities and that they and all copies of them shall be surrendered to Tufts Medical Center from time to time during my association with Tufts Medical Center & Affiliates or Wellforce entities and upon termination thereof.

I agree that any breach of this agreement by me will cause irreparable damage to Tufts Medical Center & Affiliates or Wellforce entities, its employees, and its patients and that, in the event of such breach, Tufts Medical Center & Affiliates or Wellforce entities shall have, in addition to any and all remedies of law or equity, and if an employee, the right to exercise remedies provided in the Tufts Medical Center & Affiliates or Wellforce entities Personnel Policy. If an employee, I acknowledge and understand that violation of this policy or breach of this agreement may result in disciplinary action up to and including termination of my employment by Tufts Medical Center & Affiliates or Wellforce entities.

I hereby acknowledge that I have read this agreement, understand it, and have received a copy of it.

In witness whereof, I have executed this agreement of my own free will, and Tufts Medical Center & Affiliates or Wellforce entities has caused this agreement to be executed on its behalf by its duly authorized agent or officer as of the date written above.

Tufts Medical Center Manager Information

Tufts Medical Center: Manager's Full Name

Tufts Medical Center: Manager's Email Address

Security Question

NOTE: Used by the Tufts Medical Center Help Desk for processing password resets.

Security Question Selection

Security Question Response

User's E-Signature