

Confidentiality Acknowledgement

Any information learned during the performance of one's work at South Cove Community Health Center or any of its affiliates (hereinafter "SCCHC") which is not commonly available to the public must be kept confidential. This applies to information about patients, employees, and medical staff, research and business affairs. Further this applies to information in any form –spoken, written or electronic.

Each Individual working in the SCCHC environment is responsible for protecting the privacy of our employees, our staff, and our patients, and must take care to preserve confidentiality in conversations and in handling, copying, faxing, and disposing of documents. Unusual activity or behavior, which could threaten confidentiality, should be questioned and reported.

Access to SCCHC information is permitted only as required for the performance of one's job. For example, reading confidential information not directly required for job performance, even if that information is not further disclosed, is a violation of policy and is, therefore strictly prohibited. All policies and procedures related to authorization and access of confidential information must be followed.

Only people with an officially granted account may access SCCHC computer systems and networks requiring passwords. Each person is responsible for maintaining confidentiality by never sharing passwords or access and by always locking or logging off a terminal or workstation when leaving the area. Each person is accountable for all activity occurring under his/her account, password, and/or electronic signature. Such activity may be monitored.

Disclosure of SCCHC confidential information is prohibited except when required for the performance of one's job for SCCHC and when specifically authorized. Disclosure of confidential information is prohibited indefinitely, even after termination of employment or business relationship, unless specifically waived in writing by an authorized party.

I certify that I have received and read this confidentiality acknowledgement and understand the requirements set forth in it. I understand that I will be subject to disciplinary action, up to and including termination of my employment, professional privileges, and business relationships for violating SCCHC policies or failing to report violations of SCCHC policies.

Printed Name

Title

Signature

Date

Supervisor's/Sponsor's Printed Name

Title

Supervisor's/Sponsor's Signature

Date