

Regional Health (RH) is committed to protecting the confidentiality and security of patients' protected health information (PHI) and RH's sensitive business information.

As a condition of my employment or other affiliation including medical staff, independent contractor, vendor, volunteer, intern, observer or student I am required to read, agree and choose to comply with terms of this agreement. Nothing in this agreement shall prohibit employees from engaging in protected concerted activity permitted by the National Labor Relations Act § 7 (29 U.S.C §157).

PHI is information in any form (e.g. electronic, written, and spoken/heard) that can be used to identify a patient including demographic information (e.g. patient name), financial information (e.g. insurance company) and health information (e.g. diagnosis code, x-ray). RH's sensitive business information includes, but is not limited to: 1) business plans or financials of any RH facility; 2) employee or job applicant information; 3) peer review or quality of care information or 4) passwords.

By signing this Agreement, I understand I have a responsibility to protect the privacy and security of PHI and confidential information and I choose to agree with the following:

- I choose to follow RH policies and procedures regarding use and disclosure of PHI and confidential information.
- I choose to take all reasonable precautions to safeguard confidential information. Some of these precautions include not sharing my password with others, locking or logging out of the computer when I leave, shredding documents that contain PHI and confidential information, turning over unattended documents that contain PHI and confidential information.
- I choose to ask my supervisor if I have any questions about whether a use or disclosure of PHI and confidential information is permitted.
- I choose to only request or access the minimum amount of information that I need to do my job. This does not include accessing my own, my family or my friends' medical records.
- I choose to only discuss PHI and confidential information with individuals who need the information to do their job. I understand the presence of a patient/resident at a RH facility or ability to pay their bill is considered PHI and cannot be used or disclosed unless there is a "need to know."
- I choose to recognize my surroundings and only discuss PHI and confidential information in an area where there is a low risk that individuals without a need to know may overhear. I choose to use a low voice when there is a possibility that an individual may overhear my conversation.
- I choose to not discuss PHI and confidential information in public (e.g., social media, internet blogs, cafeterias, restaurants, social events) even if specifics such as names are not used.
- I choose to use PHI and confidential information only in ways that could be interpreted as in the best interest of RH.
- If my employment or other affiliation with RH ends, I choose to immediately return all RH property (keys, documents, equipment, ID badges, etc.). I realize my obligations under this Agreement continue after the end of my employment or other affiliation. I choose not to share or speak about any information I learned while at RH.
- I understand that I have a responsibility to report any potential privacy or security violations to my supervisor, director, the Corporate Responsibility Department or the Hotline.
- I understand that violating any of the promises or representations made in this Agreement may result in corrective action, up to and including termination and/or suspension, restriction or loss of privileges, as well as potential personal civil and criminal legal penalties.

Caregiver Name PRINT: \_\_\_\_\_

Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Facility Name: \_\_\_\_\_ Job Title: \_\_\_\_\_