

**St. Vincent's Medical Center  
Confidentiality Agreement**

I understand that in the performance of my duties for St. Vincent's Medical Center and its affiliates (the Medical Center), I may have access to and be involved in the observation of, gathering or processing of confidential patient and/or business information.

- Confidential patient information includes all information, whether spoken, written, or electronic, pertaining to a patient, the patient's condition, and events surrounding the patient's hospitalization and payment for services provided.
- Confidential business information includes all information whether spoken, written or electronic pertaining to Medical Center business plans, payroll/employee information and other information related to Medical Center operations.

I understand as a condition of my employment that I am required to maintain the confidentiality of this information at all times, including after my association with the Medical Center has terminated.

I also understand and agree that I will only access information which is needed to perform my duties or when required by St. Vincent's Medical Center policy, federal or state law, or applicable regulation. I also understand that no patient identifiable information shall be included in any report that may be generated for any educational activities I may be participating in or in any other third party publication unless consented to by the patient or expressly authorized by the Medical Center.

I understand that St. Vincent's computer systems are proprietary and are to be used by authorized individuals only. Authorized use of the network and electronic communications shall be consistent with Administrative and Human Resources policies and guidelines. Such systems are to be used for business and authorized research purposes only. Personal activities utilizing the St. Vincent's computer system are prohibited.

I understand the Medical Center reserves the right to monitor its computer systems and electronic communications or other use of such systems at any time, without notice, to ensure the systems are being used for appropriate business or research purposes. Anyone using these systems consents to such monitoring. If such monitoring reveals possible illegal activity or inappropriate use, it may result in loss of access privileges and/or discipline up to and including termination of employment or other relationship with the Medical Center or its affiliates.

I understand that inappropriate use of electronic communications includes, but is not limited to offensive, defamatory, obscene or inappropriate communication. Transmission of harassing messages or participation in unethical/illegal activities is strictly prohibited.

I understand electronic communication accounts and passwords are to be used by the designated authorized individual only and are not to be shared. I agree to not share my password with anyone.

I understand that a violation of these confidentiality considerations may result in disciplinary action, up to and including termination of employment or any other relationship with the Medical Center or its affiliates. I further understand that I could be subject to legal action for breach of confidentiality.

I certify by my signature that I have participated in annual HIPAA training with my manager and received copies of HIPAA educational materials concerning privacy and confidentiality considerations as they relate to the Health Insurance Portability and Accountability Act (HIPAA) and St. Vincent's policies. Any questions that I have about my responsibilities to maintain confidentiality have been answered.

I have read and I understand the Medical Center confidentiality policy, and I will abide by its provisions.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date