

ADIRONDACK HEALTH

Workforce Confidentiality Agreement

I understand and agree Adirondack Health has a legal and ethical responsibility to maintain patient privacy, including obligations to protect the confidentiality of patient information and to safeguard the privacy of patient information.

I have an obligation, as an employee, student, volunteer, member of the medical staff, associate staff, contractor or board member affiliated with Adirondack Health to protect the confidentiality of patients and their health information while on or off-site as well as on or off-duty.

In addition, I understand and agree that during the course of my employment/assignment/affiliation/privileges/appointment at Adirondack Health, I may see or hear other confidential information such as financial or quality data and operational information pertaining to Adirondack Health that the hospital is obligated to maintain as confidential.

By signing this document, I agree that:

- I will access, use and disclose patient information and/or confidential information only in compliance with Adirondack Health's policies and as required for the performance of my job.
- My personal access code(s), user ID(s), access key(s), and password(s) used to access computer systems or other equipment are to be kept confidential at all times. I will immediately report to Adirondack Health if such items have been lost or stolen or revealed to unauthorized personnel. Failure to do so could result in termination.
- I will not discuss any information pertaining to Adirondack Health in an area where unauthorized individuals may hear such information (for example: in hallways, on elevators, in the cafeteria, on public transportation, at restaurants, and at social events). I understand that it is not acceptable to discuss any Adirondack Health information in public areas even if a specific such as a patient's name is not used.
- I will not make inquiries about any facility information for myself, or any individual or party who does not have proper authorization to access such information.
- I understand that access to Adirondack Health electronic medical records is monitored. I understand that I may not access my own records or records of friends, family members or anyone unless I need such access to perform my job. I understand that I must follow proper protocol, as all patients do, and authorize requests for this information through the Health Information Management Department or other secure methods including patient portals.
- Employees who are patients and care partners must access the healthcare system the same way as everyone else. Employees should have someone else assist their family and friends to preserve patient confidentiality and professionalism.
- Personal opinions as to the competence of staff members are not to be expressed in a public environment or forum such as social media. Such concerns should always be addressed to the staff member's supervisor or chief HR officer.
- I will not make any unauthorized transmissions, copies, disclosures, inquiries, modifications, or deletion of patient information or confidential information. Such unauthorized transmissions include but are not limited to, removing, and/or transferring patient information or confidential information from Adirondack Health's computer system to an unauthorized location. Removal of any patient information without authorization is strictly prohibited.

Upon leaving my employment/assignment/affiliation with Adirondack Health, I will immediately return all property (e.g. keys, documents, ID badges, etc.) to Adirondack Health.

I agree that my obligations under this agreement regarding patient information and Adirondack Health information will continue after separation of my employment/assignment/affiliation with Adirondack Health.

I understand that violation of this agreement may result in disciplinary action up to and including termination of my employment/assignment/affiliation/privileges with Adirondack Health and/or suspension, restriction or loss of privileges, in accordance with Adirondack Health's policies as well as potential personal civil and criminal legal penalties.

I hereby acknowledge that I have received, read and will comply with the Confidentiality Agreement and will abide by the contents as a condition of continuing employment/assignment/affiliation with Adirondack Health.

Signature of employee/physician/student/volunteer

Date

Print your name