

The Research Institute at Nationwide Children's Hospital
Confidentiality and Security Agreement

Name: _____

Phone Number: _____

Confidentiality

- 1. Confidential Information includes, but is not limited to, patient or medical records, employee information or records, volunteer information or records, Nationwide Children's Hospital's business and financial information, and any research related information, in any form (verbal, paper, electronic). Confidential Information may only be used or discussed when required to perform The Research Institute duties.**
- 2. I understand that I may be aware of, and have access to, Confidential Information. I understand and agree that in performing my job duties I must hold all Confidential Information in strictest confidence.**
- 3. I agree to use caution to avoid being overheard when discussing any Confidential Information, including areas such as, but not limited to, hallways, elevators and cafeteria, etc. I understand that any violation of confidentiality may result in disciplinary action or dismissed from the program.**
- 4. I will not release or disclose Confidential Information, unless required by job duties, and then only in accordance with Nationwide Children's Hospital and The Research Institute policies. I will refer all other requests to the Health Information Management Department or other appropriate areas/staff.**
- 5. I will access confidential patient information only if needed to fulfill own job duties. I understand that retrieving/viewing/printing information (computerized or paper), on friends, relatives, neighbors, celebrities, or co-workers is a breach of confidentiality and federal law and can result in termination and legal sanctions.**
- 6. I understand that access to computer system(s) is a privilege, and at no time am I authorized to use any system for other than its intended use or for personal gains, or the gains of another.**
- 7. I will make sure the paper or computer record is not left open and unattended in areas where unauthorized people may view it.**
- 8. I will appropriately dispose of Confidential Research or Patient Information and reports, and request supervisory direction regarding proper disposal if necessary. I will never discard confidential or patient identifying information in the regular trash (unless it has been shredded).**
- 9. I understand that it is my responsibility to promptly report any violations to patient confidentiality and computer system security to my manager, or the Privacy Officer or the Corporate Compliance Officer.**

Computer System Security

- 1. I will only use my own password. I understand my password is an electronic signature which will be attached to each transaction I enter into the system. I am legally responsible for the accuracy of the information I enter into a system. All inquiries, data entries, and orders performed using my password is permanently recorded and subject to auditing.**
- 2. I will not allow anyone to access a system using my password without my expressed permission. I will not disclose the password to anyone other than Information Services for repair/testing. If I do reveal my password to Information Services during setup/repair/testing, I will reset the password upon completion of setup/repair/testing.**
- 3. I will not use passwords other than my own, nor will I access any system which I am not authorized to access.**
- 4. If I leave a work station unattended for any reason, I will exit systems (or take other similar preventive measures) containing patient or financial information so no unauthorized person may access or enter information under my password.**
- 5. If I have reason to believe that the confidentiality of my own or other staff member's password has been broken, I will notify my manager immediately, and report any known or suspected breach of confidentiality to a manager, or the Privacy officer.**
- 6. I will not misuse or alter The Research Institute computer systems in any way. I understand that only The Research Institute-approved and officially licensed software may be added to The Research Institute computers and handheld devices. I understand that no copies of The Research Institute licensed software may be transferred or downloaded to a computer for personal use.**
- 7. I understand my passwords will be deleted from systems as soon as I terminate employment/association with The Research Institute or transfer to a position where access is not required. In the event that no one else does so, I will notify Information Services of changes in job class or employment status so that authorized access can be reevaluated.**

My signature below indicates I have read, understand and agree to the above confidentiality and security standards. I understand that a violation of any part of confidentiality or security standards could result in discipline, termination or legal action.

Signature

Date