

**Nationwide Children's Hospital, Inc.  
Confidentiality and Security Agreement**

**Student Name:** \_\_\_\_\_ **Unit:** \_\_\_\_\_

**Educational Institution:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Clinical Instructor:** \_\_\_\_\_

Confidentiality

1. Confidential Information includes, but is not limited to, patient information or medical records, employee information or records, and Nationwide Children's business and financial information, in any form (verbal, paper, electronic). Confidential Information may only be used or discussed when required to perform NCH duties.
2. I understand that I may be aware of, and have access to, Confidential Information. I understand and agree that in performing my 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.
4. I will not release or disclose Confidential Information. I will refer all requests to the appropriate areas/staff.
5. I will access confidential patient information only if needed to fulfill patient care 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 discipline and/or legal sanctions.
6. I understand that access to a 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.  
I will appropriately dispose of Confidential 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).
8. I understand that it is my responsibility to promptly report any violations to patient confidentiality and computer system security to the 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 a system. I am legally responsible for the accuracy of the information I enter into a system. All inquires, data entries, and orders performed using my password is permanently recorded and subject to auditing.  
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.
2. I will not use passwords other than my own, nor will I access any system which I am not authorized to access. If I leave a workstation 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.
3. If I have reason to believe that the confidentiality of my own or another staff member's password has been broken, I will notify the manager immediately, and report any known or suspected breach of confidentiality to a manager, or the Privacy officer.  
I will not misuse or alter the NCH computer systems in any way. I understand that only NCH-approved and officially licensed software may be added to CHI computers and handheld devices. I understand that no copies of CHI licensed software may be transferred or downloaded to a computer for my personal use.  
I understand my passwords will be deleted from systems as soon as I terminate association with NCH or transfer to a position where access is not required.

**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 or legal action.**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**