



## CONFIDENTIALITY AGREEMENT

Centura Health (Centura) recognizes the importance of protection of confidential information concerning patients, their families, medical staff and co-workers and the operations of the hospital. Treating confidential information in an appropriate manner is a requirement to ensure the trust of our customers & patients, and to maintain respect for all persons. It is the obligation of every associate, student, volunteer, medical and professional staff member, and contractor, to maintain this confidentiality.

Each student/associate's position and/or job responsibilities, as well as Centura's computer systems, allow access to restricted or confidential patient, associate, and hospital information. **As such, it is extremely important that each associate/student verify the above and agree to the following:**

1. I understand and agree that I have the responsibility for maintaining strict confidentiality of information shared with me or acquired by me as part of my duties. Any patient information, confidential information about a fellow associate or their family, physician, or management and financial information regarding the facility, Centura Health, PorterCare or Catholic Health Initiatives that is made available to me is for my professional use only. I understand that such information may be discussed only as needed to properly perform the duties of my position. I further understand that this prohibition extends to any disclosure to colleagues, other associates, family or any other individual not involved in the scope and performance of my duties.

2. I will protect the confidentiality of patient, associate, and hospital information and will not disclose or release restricted or confidential information to any third party, within or outside the hospital, except to the extent necessarily required by my normal job duties. I further understand that this information will be used only in the performance of my necessary duties. I will not discuss information about a customer or patient outside of the facility, in public areas of the facility, or any place where I may be overheard.

3. I will not access or attempt to access information other than that information which I have been authorized to access and have a need-to-know in order to perform my job.

4. In regards to computerized information/access, I also agree that:

- a. The computer user-ID, in combination with the password that I create, is unique to me. I acknowledge that my user-ID and password are to be maintained as confidential and are for my use exclusively. All system accesses and entries that I make will reference my identity with this user-ID and password and I understand that I am responsible for any and all activity performed using my user-ID and password.
- b. I understand that if I disregard the confidentiality of my passwords, willingly inform another person of my password, or use the user-ID and password of another person, I will be subject to disciplinary action, up to and including termination.
- c. If at any time I feel my password security has been violated, I will immediately contact the Centura Customer Support/Help Desk or Security Coordinator.
- d. I acknowledge that using Centura computer systems will subject me to having my activities routinely monitored by system and security personnel. I expressly consent to such monitoring and am advised that if such monitoring reveals unprofessional or possibly criminal activity, system or security personnel may provide the evidence to appropriate management and/or law enforcement officials.

5. I understand that there are various security codes and/or passwords belonging to Centura's physical premises or equipment that I may be given in the course and scope of my duties. I understand that these codes and/or passwords are confidential and subject to the provisions of this Agreement.

6. I understand that unauthorized or indiscriminate disclosure of such confidential information or any violation of this agreement may subject me to corrective action up to and including termination of employment and/or suspension or loss of privileges.

**By my signature below I am indicating that I have read, understand, and agree to adhere to the conditions of this Confidentiality Agreement.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Please Print)

Current User-ID: \_\_\_\_\_  
(if existing)