



## CONFIDENTIALITY STATEMENT

Ascension has a legal and ethical duty to protect the privacy of all patients and the confidentiality of their health information. As a result, Ascension has policies in place to assure the confidentiality of information, whether it is health information, business information, and/or management information (collectively defined as "Confidential Information"). The purpose of this statement is to document your acknowledgement and understanding of Confidential Information and Ascension's security and confidentiality policies.

I acknowledge and understand the following:

1. I agree only to access information that is needed to do my job. I also agree only to disclose or discuss confidential information, including patient information, with those who need the information in order to do their job. I also agree not to disclose or discuss any confidential information outside the workplace, including posting on social media.
2. I understand that I am responsible for understanding and following the laws, regulations, and policies that apply to my work.
3. I agree not to talk about confidential information where others can overhear the conversation; for example, in hallways, on elevators, in cafeterias, etc. I also agree not to talk about patient information in public areas even if a patient's name is not used.
4. I understand that this form must be signed in order for a User-ID and Password to be issued to me. I also understand that my Internet and computer usage will be audited.
5. I agree not to tell another person my computer password or use another person's computer password instead of my own for any reason. I am responsible for all activity that is connected to the use of my password. If I believe that someone else knows or is using my password, I will call the Ascension Information Services and request a new one.
6. I agree not to send information unless authorized by the patient and/or as part of my work responsibilities. I also agree not to change, inquire or delete information except when authorized as part of my work responsibilities.
7. I agree to promptly report all violations or suspected violations of information security and/or confidentiality policies.
8. I understand that violation of this agreement may result in disciplinary action, up to and including loss of privileges, suspension, and/or termination of employment.

I have read and understand this Confidentiality Statement and have discussed any questions I have regarding these documents with my manager.

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Signature of Employee/Physician/Student/Volunteer	Date	Ascension
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Printed Name

*This Confidentiality Statement shall be interpreted and enforced in accordance with applicable state and federal laws, including the National Labor Relations Act.*