



CONFIDENTIALITY STATEMENT

I understand that, in the course of my work with Resurrection Health Care (RHC) and its affiliates, I am responsible for maintaining the confidentiality of any business, employee or patient ("individually identifiable health") information to which I may have access. I understand that the use and disclosure of confidential information is governed by specific laws, policies and procedures. I am responsible for knowing and following those policies and procedures that are necessary to the performance of my duties for RHC. If I am unsure of any policy guidelines, I will contact my supervisor for further direction.

INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION

I understand that specific policies and procedures have been developed for the proper use and disclosure of individually identifiable health information. I am aware that, unless specifically identified as part of my job responsibilities at RHC, I am not authorized to view or discuss any individually identifiable health information. I also am responsible for using and disclosing patient information in a discrete manner, in appropriate locations and with similarly authorized individuals. Any violation of these confidentiality requirements will be reviewed carefully by RHC and, if substantiated, may result in disciplinary action and/or termination in accordance with RHC policies and procedures.

COMPUTER SYSTEMS

I understand that in the course of my work with RHC, I may need to use the network computer system in order to fulfill my duties for RHC. If this is required, I understand that the ID number ("login") and password assigned to me is a unique code that identifies me to the network computer system. All network entries that I make will reference my identity, and I am fully responsible for all such entries. Accordingly, I will keep my login and password confidential and will not reveal them to anyone. I will sign off the network before leaving my terminal. I will contact Information Services immediately if I believe the confidentiality of my login or password has been compromised. I further understand that any information I access from the network is strictly confidential and will be used only for the performance of my duties for RHC. I understand that anyone who knowingly attempts to access the system with another user's login and password may be subject to disciplinary action.

COMPUTER SOFTWARE CODE OF ETHICS

I understand that RHC licenses the use of computer software from a variety of third parties. Also, I understand that the software developer customarily maintains a copyright to the software and, unless expressly authorized to do so, RHC and its employees/agents have no right to make copies of the software, unless for backup or archival purposes. I therefore agree to use of software on RHC computers in strict compliance with RHC policies. I also agree that I will not provide software to third parties. Furthermore, I will notify my supervisor or Information Services immediately about any misuse of software or violations of the software policy.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS CONFIDENTIALITY STATEMENT AND AGREE TO ABIDE BY ITS TERMS.

Print Name

Signature

Medical Education
Department

Date