

GUNNISON VALLEY HOSPITAL

Security and Confidentiality Agreement

Definitions:

Confidential Information: Communication (oral, written, electronic) that originates in the confidence that it will not be disclosed. Confidential or privileged information includes, but is not limited to:

- patient health information and documentation
- business records, proprietary information, correspondence, meeting minutes
- peer review and risk management documents

Disclose/Disclosure: The release, transfer, provision of access to, or the divulging of protected health information (PHI) outside the hospital's internal operation or to other than its employees.

Minimum Necessary: The least amount of PHI needed to accomplish the intended purpose of a use, disclosure or request.

As a workforce member of Gunnison Valley Hospital, and as a condition of my employment, I agree to the following:

1. I will treat all information given to me with the expectation that the information will not be disclosed as confidential. This includes, but is not limited to:
 - services provided to patients and their families.
 - information received from providers and staff.
2. I will not access patient and/or organizational information unless I need to know the information in order to perform my job.
3. I will make reasonable efforts to limit the release or use of patient information to the minimum necessary.
4. I will abide by the policies and procedures of the Medical Information Systems (MIS) Department including the following:
 - safeguarding my password and not leaving it openly accessible.
 - using only the password provided or my own password to access programs or systems
 - not allowing anyone to use my password
 - logging off the computer as soon as I have finished using it.
 - e-mail is not used to transmit patient information unless the Privacy or Security Officer has given permission.
5. I will not take patient information from the premises of Gunnison Valley Hospital in paper or electronic form unless permitted by the organization's HIPAA policies.
6. I agree to maintain the confidentiality of any information I learned while in association with Gunnison Valley Hospital after leaving employment.
7. I agree to turn over all keys or any access devices relating to the security of the organization.

I understand that violation of this agreement could result in disciplinary actions, including the possibility of immediate involuntary termination.

Name (print)

Date

Signature

Witness signature