



User Confidentiality Agreement and Acknowledgement of Responsibilities

Boca Raton Regional Hospital, Inc. and its affiliated entities (collectively, BRRH) are committed to maintaining high standards of confidentiality and information security. The responsibility to preserve the confidentiality of information in any form (electronic, verbal or written) rests with each User granted access to BRRH information systems who may have access to Confidential Information, including all Protected Health Information (PHI), Electronic Protected Health Information (ePHI), personnel information, billing and financial information, patient data or medical information, promotional and marketing program information, strategic planning data, business plans, computer passwords/access rights, privileged materials, trade secrets, intellectual property, and other proprietary information relating in any way to BRRH ("Confidential Information"). Any information created, stored or processed on BRRH systems, or systems maintained on BRRH's behalf by a vendor or other individual or entity, is the property of BRRH, as is any information created by or on behalf of BRRH, whether written, oral or electronic, unless expressly agreed otherwise. BRRH reserves the right to monitor and/or inspect all systems that store or transmit BRRH data, the data stored therein, as well as all documents created by or on behalf of BRRH.

I have read and understand this entire agreement, and I agree to the following:

<i>(Please initial each line in the space provided after reading it.)</i>	Initials:
1. I understand and agree it is my personal responsibility to read, understand and comply with all applicable BRRH policies and procedures, including but not limited to Information Security policies, which are available to me through the BRRH Intranet. I understand that these policies provide important information about the acceptable use of information systems and BRRH email accounts, mobile device usage, data encryption, and other important information. If I am provided access to or receive PHI or ePHI, I also agree to comply with all Privacy policies.	
2. I understand and agree that even though I may be granted access to systems which contain large quantities of data and Confidential Information as part of my job responsibilities, my role, or my relationship with BRRH, I am only permitted to access, use, or disclose specific information as necessary to perform my job function, role, or to complete my responsibilities.	
3. I understand and agree that I am only permitted to access, use, and disclose information from BRRH system and its components, or its connected systems, if it is for an authorized and permissible purpose in accordance with applicable laws and policies, and may only transmit such information to persons who have the right to receive that information.	
4. I understand and agree that the User ID and Password assigned to me are unique and non-transferable and I agree that I will not share my User ID or Password with any other individual, permit another person to perform any functions while logged into a system under my User ID or Password, nor will I perform any function using a system under another person's User ID or Password.	
5. I understand and agree that my approved access and use may be actively recorded, monitored, and/or audited without prior notice (including Internet and e-mail account usage) and that BRRH reserves the right to monitor, review, and record individual User system and network activities (including, but not limited to, the use of personal e-mail accounts) to assure compliance with BRRH's acceptable use policies. BRRH may permit other business partners or law enforcement to monitor, uses, or record such information as permitted or required by law.	
6. I understand and agree to take appropriate measures to protect my User ID and Password and that I am responsible for all information accessed, used, disclosed, or altered with the use of my User ID and Password.	
7. I agree to logoff the system when I leave a workstation and to take such other reasonable steps as are necessary to maintain the physical security of my workstation to ensure that unauthorized persons cannot view or access any Confidential Information, proprietary information, or identifiable patient information that I may have access to by virtue of my responsibilities or access rights.	
8. I understand and agree that I will not copy, download, print, or transmit any system information in any format, for myself or for any other person, except as I am required to fulfill my responsibilities.	

9. When using or disclosing information, I agree use or disclose only the minimum information necessary to appropriately fulfill my responsibilities.	
10. I understand and agree that if I utilize my BRRH email account on any personal or BRRH issued mobile device that the mobile device must be password protected and that I am prohibited from saving any email attachments to the mobile device. I also understand that I must immediately notify the BRRH Information Systems Security Office via the Help Desk (1-561-955-4235) any mobile device that is lost or stolen and I understand that the contents of the mobile device will be completely wiped. This would not only include the BRRH email, but also anything personal saved or installed on the mobile device.	
11. I understand that prohibited uses of BRRH's systems (including e-mail and Internet use) include, but are not limited, to any use that: <ul style="list-style-type: none"> o Involves illegal activity, threatening or obscene materials, or harms BRRH, its users, or its systems in any way, o Interferes with the acceptable use of other BRRH users, services, or equipment, or o Is in violation of any BRRH policy, procedure, or requirements. 	
12. I understand that acceptable personal uses of BRRH systems (including e-mail and Internet use) are severely limited to activities: <ul style="list-style-type: none"> o Incidental to an acceptable BRRH business use (such as coordinating work and family schedules), o That do not cause BRRH to incur additional expenses or interfere with my productivity, or any other clinical or business activities, and o That does not violate any BRRH policies, procedures or requirements. 	
13. I understand that system-related or other education and training may be mandatory for my role or relationship with BRRH and is a condition of my system access. I acknowledge that it is my responsibility to fulfill all mandatory training and education requirements necessary in a timely manner or that my system access may be terminated without prior notice.	
14. I agree to immediately notify my supervisor and the BRRH Information Systems Security Office via the Help Desk (1-561-955-4235) <ul style="list-style-type: none"> o If I suspect that someone has gained unauthorized access to my User ID or Password; o If I become aware of any potential compromises to the security of BRRH's systems; or o If any hardware or software used to access BRRH systems is damaged, lost, or stolen. 	

By my signature I understand and agree that my rights to access and use BRRH's system may be immediately terminated without further notice for violating any terms of this agreement and that such a violation may result in personal liabilities, including but not limited to (as applicable): disciplinary actions up to and including termination of employment, loss of professional privileges, criminal prosecution, civil litigation, referral to appropriate law enforcement authorities, referral to regulatory or licensure authorities, or other remedies as deemed appropriate by BRRH.

Signature

Date

Print Name

Last 4 Digits of Social Security Number

Completed by I.S. only: _____

Date: _____