



NON-EMPLOYEE CONFIDENTIALITY AGREEMENT

As a non-employee of Aventura Hospital & Medical Center (AHMC), you or your representatives may have access to patient, medical record, employee or other confidential information. As a condition to being granted such access, you are required to agree to the following:

I understand that in the course of my working relationship with AHMC, I share the responsibility of maintaining the confidentiality of any patient, medical record or employee information that I may have available to me. I understand that it is my responsibility to follow AHMC policies and procedures as they relate to the assurance of patient rights and the confidentiality of information both written and verbal.

Computer Systems:

I understand that I may receive a unique User-Id and a personal password necessary for me to gain access to an AHMC computerized system. I understand and agree that both the User-id and my Password are for my own personal use and are not to be disclosed to or used by third parties. If at any time I feel that the confidentiality of my User-id or password has been compromised, I will contact appropriate management (Advocate employee that approved your access) for direction within 24 hours.

Conduct and Confidentiality:

I understand that I must maintain the confidentiality of any written or oral patient, medical record or employee information that I have access to or view as a result of my working relationship with AHMC. I understand that the release of patient, medical record or employee information of any kind is only allowed by AHMC policy guidelines. If I am uncertain or do not understand the AHMC policy guidelines, I will contact the appropriate AHMC manager (AHMC employee that approved your access) for assistance and direction within 24 hours. I agree to only release patient, medical record or employee information under the AHMC policy guidelines or as required by law.

Patient, Medical Records and Employee Information:

I acknowledge that all information involving patients, medical records and employee information is private and confidential. I agree that I shall access only that data necessary for the proper performance of my job responsibilities under my business relationship with AHMC. I further agree to keep confidential any and all information that I access, receive or transcribe, and not to disclose any such information to third parties. I am aware, that, unless specifically identified as part of my job by "AHMC" I am not authorized to discuss any information concerning a patient or employee's personal data or medical condition. I am responsible for ensuring that discussions regarding patient, medical record and employee information are held in appropriate locations with only authorized individuals. Any unauthorized disclosure on my part or my representatives will be a very serious offense to AHMC. Such unauthorized disclosure may result in AHMC's repossession of all of my or my representative's access to patient, medical record and employee information, AHMC may also act up to and including termination of my business relationship with AHMC and asserting its full rights under the law.

School Name Signature Date

Witness Signature Date

SS# _____ Dept _____ Start Date: _____ End Date: _____
Confidentiality Agreement [Type text]