

Confidentiality and Non-Disclosure Agreement

Security and confidentiality are matters of concern for all persons who have access to Mayo Clinic Jacksonville or St. Luke's Hospital (for the purpose of efficiency, collectively referred to herein as "Mayo") confidential patient information and confidential information about the business and financial interests of "Mayo" (referred to as "Confidential Information" in this Agreement). Each person accessing Mayo Confidential Information holds a position of trust relative to this information and must recognize the responsibilities entrusted in preserving the security and confidentiality of this information. Therefore, all persons who are authorized to access Confidential Information must read and comply with all Mayo Policies.

As a condition to receiving access to information, I, the undersigned, agree to comply with the following terms:

1. I will not at any time during or after my affiliation with Mayo disclose Confidential Information to which I have or had access in any form (i.e., electronic media, paper, microfilm, verbal etc.) to any unauthorized individuals.
2. My computer log-in is equivalent to my LEGAL SIGNATURE and I will not share or disclose this code to anyone or allow anyone to access any application using my log-in.
3. I will not access any medical record I am not legally authorized to, including but not limited to the medical record of any family member or co-worker.
4. I will utilize and access only the minimum amount of information necessary for performance of my job.
5. I will not access or request data on patients for whom I have no clinical/professional relationship and/or legitimate Mayo business purpose. If I have reason to believe that the confidentiality of my user log-in has been compromised, I will immediately ensure that the password is changed by the approved procedure for password name change.
6. I will respect the confidentiality of any reports and handle, store and dispose of these reports appropriately.
7. I will utilize the Privacy Curtain or suspend access when leaving a workstation to prevent unauthorized access.
8. I will not install or operate any non-licensed software on any Mayo computer.
9. I will comply with all policies and procedures and other rules relating to confidentiality of information and log-ins.
10. I understand it is against Mayo policy to electronically communicate clinical information to patients or others outside of the Mayo network.
11. I am responsible for all e-mail messages generated from my e-mail account.
12. I understand that the use of e-mail is for business purposes, however limited personal use is acceptable.
13. I understand that the e-mail administrator may monitor my e-mail if non-compliance with the electronic messaging policies is suspected.

I understand that Confidential Information is protected in every form, such as written records and correspondence, oral communications, and electronic information systems and acknowledge my responsibility in preserving its confidentiality. I understand there are disciplinary procedures in place for handling breaches of confidentiality. I have read and understand the above Confidentiality and Non-Disclosure Agreement. I understand that my use of Mayo information will be monitored to ensure compliance with this agreement. I further understand that if I violate any of the above terms, I may be subject to disciplinary action, including but not limited to discharge, loss of privileges to access information, termination of contract or any other remedy available to Mayo Clinic Jacksonville or St. Luke's Hospital.-

By signing this, I agree that I have read, understand and will comply with this Agreement.

Signature

Date

Printed Name

Job Title

Work Unit

Witness: _____