



WORKFORCE CONFIDENTIALITY AGREEMENT

I understand that Gwinnett Health System, Inc. (GHS) has a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of their health information.

I understand that during the course of my employment or other affiliation with GHS, I may see or hear other confidential information such as financial data and operational information pertaining to the activities that GHS is obligated to maintain as confidential.

I am aware that confidentiality and information security training is required for members of GHS' workforce, and I agree to complete this mandatory training. I agree to follow all GHS policies and procedures.

I will not access or view any information, including my own or family members, other than what is required to do my job. If I have any question about whether access to certain information is required for me to do my job, I will immediately ask my supervisor for clarification.

I will not discuss any information pertaining to GHS or its patients in an area where unauthorized individuals may hear such information (for example, in hallways, on elevators, in the cafeteria, on public transportation, at restaurants, or at social events). I understand that it is not acceptable to discuss any information in public areas even if specifics such as a patient's name are not used.

I will not make inquiries about any information for any individual or party who does not have proper authorization to access such information.

I will not make any unauthorized transmissions, copies, disclosures, inquiries, modifications, or purgings of information. Such unauthorized transmissions include, but are not limited to removing and/or transferring information from GHS' computer system to unauthorized locations (for instance, home).

I agree that I will report promptly any known or suspected violations of GHS' confidentiality and information security policies and procedures to GHS' Privacy Officer or their designee.

Upon termination of my employment or other affiliation with GHS, I will immediately return all property (e.g. keys, documents, ID badges, etc.) to GHS.

I agree that my obligations under this agreement regarding information will continue after the termination of my employment or other affiliation with GHS.

I understand that violation of this agreement may result in disciplinary action, up to and including termination of my employment or other affiliation with GHS and/or suspension, restriction or loss of privileges, in accordance with GHS' policies, as well as potential personal civil and criminal legal penalties.

I have read and understand this agreement and will comply with all its terms.

Signature of associate or non-associate
workforce member

Date

Print Your Name

associate/non-associate I.D. #

