



FLIGHT FOR LIFE Confidentiality Agreement

Please read all sections below. If you have any questions regarding this agreement, please ask a **FLIGHT FOR LIFE** supervisor before signing. All individuals (as defined below) must sign this agreement upon hire or before gaining access to information systems and/or confidential information, as described below.

This agreement applies to: all employees, clients, physicians, volunteers, contracted service providers, health care professionals in training, company representatives, vendors, and any other person with access to confidential Flight For Life information.

Confidential information includes, but is not limited to: patient information, personnel information, member information, proprietary (e.g. business, financial, planning) information, current and potential client information, and third party information. Any of this information in the possession of **FLIGHT FOR LIFE**, regardless of where it originated, is confidential. Confidential information may be in the format of verbal, written or electronic communication. (E.g. texting, Facebook, Twitter and/ or taking pictures)

I agree with the following:

- ◆ I will respect the dignity of each individual and the right to privacy of any information known about that individual. All individuals are protected whether they are a patient, client, employee, member, visitor, medical staff member, or any other person **FLIGHT FOR LIFE** may have information about.
- ◆ I understand that I may not disclose confidential information without appropriate authorization, subpoena, or court order.
- ◆ **I understand that unauthorized access or use of confidential information about myself or others for personal reasons is considered a violation of confidentiality.** I will not access, disclose, remove, destroy, transfer, make available to others or use any confidential information under the control of **FLIGHT FOR LIFE** unless required by my assigned job duties.
- ◆ I understand that failure to report violations of confidentiality by others is just as serious as my own violation. I will immediately report any access, disclosure, removal, destruction, transfer, or use of any confidential information under the control of **FLIGHT FOR LIFE** by any person(s) unless required by assigned job duties.
- ◆ I will not make available any information regarding the presence, history or status of any patient in **FLIGHT FOR LIFE** or any other health care facility without specific and appropriate authorization unless required by assigned job duties.
- ◆ I will not discuss confidential information in the presence of unauthorized persons.
- ◆ I will not access or allow others to access physical areas, information or information systems if specific and appropriate authorization has not been received. I will not share or transfer my access card, system password(s) or software.
- ◆ I will discard confidential information according to organizational policy to ensure the safety of that information.
- ◆ I will continue to maintain the confidentiality of all **FLIGHT FOR LIFE** information when my employment/affiliation has ended. I will relinquish any information in my possession at the time when my relationship with **FLIGHT FOR LIFE** ends.
- ◆ **I understand that the statements above describe expectations for maintaining confidentiality, but are not all-inclusive. In addition, I understand that any violation of confidentiality, willfully or carelessly, will be cause for discipline, and may also be cause for dismissal, civil, and/or criminal prosecution.**

I have read this agreement and by signing and dating below, I acknowledge my obligation to abide by its terms and related policies. I understand that I will be expected to review, sign, and date this agreement annually to reaffirm my continued commitment to protect confidentiality and confirm my past compliance.

PRINT Name: _____ Signature: _____

Date: _____