



## Confidentiality and Information Access Agreement

### Summary

ABHS is dedicated to safeguarding and maintaining the confidentiality, integrity, and availability of our patient, employee, and organizational information (collectively “Confidential Information”). Patient information includes protected health information that is any personal, employment-related, or medical information relating to a patient’s treatment, payment, or health care operations of ABHS as determined through observation, conversation with a patient or other medical staff, and/or information which is created and/or stored in any information system. The confidentiality, integrity, and availability of protected health information must be maintained at all times.

This Confidentiality and Information Access Agreement (“Agreement”) is required to be read, signed, and complied with by all users that access any of ABHS information systems as a condition of access to any information system. The information system user signing this Agreement may only access, use, and disclose Confidential Information in any medium as needed to perform his/her job responsibilities as allowed by law, ABHS policies and procedures, and/or as agreed upon between said user and ABHS.

1. I understand and agree that I must safeguard and maintain the confidentiality, integrity, and availability of all Confidential Information I use, disclose, and/or access at all times, whether or not I am at work and regardless of how it was accessed.	8. I understand that access to all ABHS Information Systems including Email and Internet are intended for business usage.
2. I will only access, use, and/or disclose the minimum necessary Confidential Information needed to perform my assigned duties and disclose it to other individuals/organizations who need it to perform their assigned duties or as allowed by law. Protected health information is specifically protected, by law, from further disclosures without prior authorization.	9. I will practice secure electronic communications by transmitting Confidential Information only to authorized entities, in accordance with approved privacy and security standards.
3. I will not access my own, or my family’s, record in any information system without prior Authorization from the HIM Director of the facility (unless required to perform your job responsibilities).	10. I will only access or use the systems or devices that I am being authorized to access and agree not to demonstrate the operation or function of any of ABHS information systems or devices to unauthorized individuals.
4. I will not disclose any Confidential Information with others who do not have a need to know it.	11. I will never use tools or techniques to break/exploit security measures.
5. I will not in any way divulge copy, release, sell, loan, alter, or destroy any Confidential Information except as properly authorized.	12. I will never connect to unauthorized networks through ABHS systems or devices.
6. I will not download any Confidential Information off ABHS information systems to store or use it on any other system or computer diskettes, compact discs, digital video discs, zip discs, other portable media, etc. or removable storage devices such as removable USB flash discs, except in situations whereby explicit approval to do so has been granted by ABHS IR Department with prior review by the Technical Security Officer & Privacy Officer. If I received this approval to download data I will assume sole and absolute responsibility to manage and protect it based upon standards listed in this Agreement and according to the law.	13. I understand that I have neither ownership interest nor expectation of privacy in any information accessed or created by me during my relationship with ABHS. ABHS may audit, log, access, review, and otherwise utilize information stored on or passing through its systems for many reasons, including maintaining the confidentiality, security, and availability of Confidential Information.
7. I will not download any software program onto ABHS equipment without prior written approval from the ABHS IR Department.	14. I will not use ABHS information systems to transmit, retrieve, nor store any communications consisting of discriminatory, harassing, obscene, solicitation, or criminal information.



15. I understand that my User Login ID(s), password(s) are used to control access to ABHS information systems and an electronic signature(s) is the equivalent to my legal signature. I will not disclose them to anyone nor allow anyone to access any information system using my User Login ID(s) and password(s) for any reason.	19. I will immediately report to ABHS IR Director and my facility's Technical Security Officer any activity that violates this agreement, Confidential Information laws, or any other incident that could have any adverse impact on Confidential Information.
16. I understand that I will be held accountable for all inquires, entries, and changes made to any ABHS information system using my User Login ID(s) and password(s).	20. I affirm that I will maintain the confidentiality, integrity, and availability of all Confidential Information even after termination, completion, cancellation, expiration, or other conclusion of access to ABHS information systems.
17. I will only use my officially assigned, personal User Login ID(s) and password(s).	21. I understand that violation of this Agreement may result in disciplinary action, up to and including termination of employment or business relationship, suspension and loss of privileges, termination of authorization to work within ABHS, as well as legal actions.
18. I will immediately notify ABHS IR Help Desk and my facility's Technical Security Officer if my password has been seen, disclosed, or otherwise compromised.	

Refer any questions related to this Agreement to the ABHS Technical Security Officer or the Privacy Officer.

By signing this Agreement, I agree to comply with its terms and conditions. Failure to read this Agreement is not an excuse for violating it. The IR Department may deny access to ABHS information systems if this Agreement is not returned signed and dated.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Requestor's Immediate Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Access Agreement Approved by (printed name)

\_\_\_\_\_  
Date



# Orientation of Students & Agency Nursing Staff to St. Alexius & Alexian Brothers Medical Centers

- ADVANCE DIRECTIVES
- AMITA MISSION & VALUES
- BEDSIDE HAND-OFF
- CLINICAL CODES
- EMERGENCY RESPONSE
- FALL PREVENTION
- HIPAA
- INFECTION CONTROL
- INTERPRETERS – ALEXIAN BROTHERS
- INTERPRETERS – ST. ALEXIUS
- IV THERAPY
- LABELING SPECIMENS
- MEDICATION & BLOOD ADMINISTRATION
- PATIENT SAFETY, ARM BANDS & TRANSLATORS
- SOCIAL MEDIA POLICY

*I have independently reviewed all of the above required modules as provided to me by St. Alexius/Alexian Brothers Medical Centers.*

**STUDENT/AGENCY RN:** \_\_\_\_\_ **(PRINT NAME)**

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_