

**Facility:**

**Location:**

## **Security and Confidentiality Agreement**

1. I understand that the patient and organization information I will be able to access on-line, by voice-transmission, and/or on paper is confidential and may be legally privileged. I have an obligation to protect data from loss, misuse, or unauthorized access or disclosure. The obligation to maintain confidentiality of information extends beyond work time to include personal time as well.
2. I acknowledge that patient information including demographics, patient care and results, are confidential, and are protected by legal and regulatory guidelines. Further, this data should not be shared without appropriate consents, authorizations or considerations. Accordingly, I understand that I am not allowed to share my password/ID access with others and that I have an obligation to close any computer session I open so that my access cannot be used by others.
3. I understand that improper access or disclosure of data may subject me to disciplinary and legal action. Similarly, if I exceed my computer system access authority or engage in conduct outside of the scope of my duties, I may be subject to disciplinary action.
4. I understand and agree to behave in a professional, ethical manner at all times regarding patient and organizational confidentiality.

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Employee Signature

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Date

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Printed Name