



## NON-EMPLOYEE’S STATEMENT OF CONFIDENTIALITY

Confidential information is defined as information not to be disclosed to persons outside Deaconess Health System except as permitted by applicable law, facility policy and/or written agreement. Confidential information includes but is not limited to: all information pertaining to patients; all information pertaining to employee performance, wages, benefits; information used for business processing and decision support. Confidential information may appear on paper, appear on a computer system, or occur in conversation.

I acknowledge that in the performance of the functions which I perform for or within Deaconess Health System, Inc, I may have occasion to see or hear information deemed as confidential. Accordingly

1. I will not disclose confidential information to any person or entity other than as necessary to perform my work functions.
2. I will not access confidential information unless I have a need to know this information in order to perform my job.
3. I will not take confidential information from the premises without written permission of the appropriate information owner.
4. I understand these additional responsibilities apply if my duties require computer system access:
  - a. I understand that the **user identification number and password** issued to me is a unique code that identifies me to the Deaconess Health System, Inc. computer systems. All system entries that I make will reference my identity with this code. This code replaces my handwritten signature and is, in fact, within the computer system, equal to a handwritten signature in legal terms.
  - b. I understand that I am legally responsible for all entries that are made using my **user identification number and password**. I further understand that any information I access from the Deaconess Health System, Inc. computer network is strictly confidential and to be used only in the performance of my necessary duties.
  - c. I will notify the Information Systems Department immediately if at any time I feel that the confidentiality of my code has been broken, so that my old **user identification number and password** are canceled and a new one issued.
  - d. I understand that if I disregard the confidentiality of my password and system accesses, use the user identification or passwords of another person, allow another person to use mine, or fail to comply with these policies, I will be subject to the actions as outlined below.
5. I understand that if I disregard the responsibilities as outlined here:
  - a. My work at the Deaconess entity will be terminated.
  - b. The Deaconess Health System, Inc. is entitled to all remedies available at law or in equity, including but not limited to monetary damages, temporary restraining orders and injunctions, to recover damages from and/or enjoin any such violation.

I have read and agree to abide with the above Statement of Confidentiality.

Signature	Printed Name with Middle Initial	Last Four Digits SSN	Clinical Credentials	Date
Employer (print)	Immediate Supervisor (print)		Assigned User ID	

For purposes of this Statement of Confidentiality, "Deaconess Health System, Inc." shall be defined to include Deaconess Health System, Inc., and any and all of its subsidiaries, affiliates, and related entities, including but not limited to Deaconess Hospital, Inc., Deaconess Gateway Hospital, Deaconess Women’s Hospital of Southern Indiana, LLC, Deaconess/MEC Medical Centers, LLC, and Deaconess Cross Pointe, LLC.