



## NON EMPLOYEE'S STATEMENT OF CONFIDENTIALITY

Confidential information is defined as information not to be disclosed to second parties. Confidential information may fall into one of several categories: patient, employee, financial, decision support, or business process. Confidential information may appear on paper, appear on a computer system, or occur in conversation.

I acknowledge the following responsibilities:

1. I understand that I am responsible for complying with the confidentiality policies and procedures which are available to me.
2. I will not disclose confidential information to any person or entity other than as necessary to perform my job and as permitted under policies and procedures.
3. I will not access confidential information unless I have a need to know this information in order to perform my job.
4. I will not take confidential information from the premises without permission from the information owner and only as provided for within policy.
5. 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.<sup>1</sup> 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 my immediate supervisor or other department manager immediately if at any time I feel that the confidentiality of my code has been broken, so that he/she may have the old **user identification number and password** canceled and a new one issued.
  - d) I will notify my immediate supervisor and the Human Resources Department if I should have a change of name.
  - e) I understand that a transfer or change in my work responsibilities may require a change in the user accesses associated with my job.
  - f) 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.
6. I understand that if I disregard the responsibilities as outlined here:
  - a) As an employee, I will be violating the standards of employee conduct and will be subject to disciplinary action up to and including discharge from the employment of Deaconess Health System, Inc.
  - b) As a workforce member, I understand that 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

\_\_\_\_\_  
User ID  
(if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
School

\_\_\_\_\_  
Signature of Parent or Guardian (if Student under 18)

<sup>1</sup> For purposes of this Statement of Confidentiality, "Deaconess Health System, Inc." includes Deaconess Hospital, Inc. (including the Mary Street, CrossPointe and Gateway campuses), the Heart Hospital, The Women's Hospital of Southern Indiana, the Evansville Surgery Center, Deaconess Clinic, Progressive Health of Indiana and other joint ventures in which Deaconess has at least 50% ownership.