



**PATIENT CONFIDENTIALITY, INFORMATION ACCESS,  
and EMPLOYEE PASSWORD AGREEMENT**

**FIRST NAME:** \_\_\_\_\_ **LAST NAME:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER (Last 4 digits only):** \_\_\_\_\_

**DEPARTMENT:** \_\_\_\_\_

Employment at Liberty HealthCare System provides access to information that is confidential in nature.

Access to Confidential Information places the hospital, medical staff and employees in a special position of trust and professional responsibility.

Therefore, it is expected and mandatory that all Confidential Information, and any Individually Identifiable Personal Health Information of patients and employees (whether in electronic or paper form) be retained in the designated work and storage areas and secured at all times. Only those employees having authorization and "need to know" shall be afforded access to Confidential Information or shall attempt to access or disclose Confidential Information. Confidential Information includes Individually Identifiable Health Information and all other information described below.

"Confidential Information" and "Individually Identifiable Personal Health Information" as used in this policy shall be meant to include, but not be limited to:

- Patient status and medical condition
- Patient financial status and accounts
- Patient medical records (whether current or past or electronic media or on paper)
- Patient social security number, phone numbers, address, date of birth, etc.
- Employee Confidential Information
- Employee health records
- Computer programs and applications
- Computer and software access and "passwords"

Unauthorized access and/or disclosures of the above information is considered a serious violation of appropriate conduct and in the event of such violation, disciplinary action may be taken by Liberty HealthCare System and its entities and affiliates up to and including separation of employment. Depending on the nature of the violation, legal or governmental actions may also be initiated against the employee.

Employee agrees not to disclose their passwords; to access or disclose Confidential Information not directly related to their specific job function; nor discuss Confidential Information in a public area or with others not directly involved in a patient's care. Employee further agrees that following separation of employment, employee will not, either directly or indirectly disclose Confidential Information not disclose passwords to any person or entity.

I, the undersigned, hereby acknowledge that I have read and understand the Liberty HealthCare System Patient Confidentiality, Information Access, and Employee Password Agreement and understand my obligations with regard to access and/or disclosure of Confidential Information and passwords.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Employee Supervisor/Director Signature**