

WORKFORCE MEMBER CONFIDENTIALITY AGREEMENT

This Confidentiality Agreement applies to workforce members of Flagstaff Medical Center, Northern Arizona Healthcare, and Verde Valley Medical Center (collectively and individually referred to as "Facility").

Workforce member: For purposes of this agreement means: employees, volunteers, trainees, physicians, and other persons whose conduct or performance at the Facility is under the direct control of the Facility, whether or not they are paid by the Facility.

I understand that I may have access to confidential patient information and confidential information about the business and financial interests of Facility (referred to as "Confidential Information" in this Agreement). I understand that Confidential Information is protected in every form, such as written records and correspondence, oral communications, and computer programs and applications.

I agree to comply with all existing and future Facility policies and procedures to protect the confidentiality of Confidential Information. I agree not to use, copy, make notes regarding, remove, release, or disclose Confidential Information, unless it is permitted by Facility policy. If I have access to any computer system, I agree to abide by all of the following statements:

- a. My user identification code and my password to a hospital information system are the legal equivalents of my signature. I will not disclose these codes to anyone.
- b. Once I have signed into a hospital information system, I will not allow anyone else to use my user identification code to access information.
- c. I will not attempt to learn any other user identification codes or passwords nor will I use any other identification codes or passwords other than my own.
- d. If I have reason to believe that my identification code or password is known, lost or stolen, I will immediately notify my supervisor and the appropriate MIS personnel.
- e. I will notify NAH Security upon witnessing any unauthorized persons accessing, tampering with or removing any computer hardware devices.
- f. I will not access, for purposes of inquiry, manipulation, deletion or alternation any data outside the scope of my job responsibility.

- g. I will not use any data within my authorized access for any purpose outside the scope of my job responsibility.
- h. I will not intentionally damage, corrupt, or inappropriately delete any data or computer programs.
- i. I will not copy any data or computer programs to any other device or media without authorization.
- j. I will print reports only when absolutely necessary. I understand that all printed reports that are not a permanent record will be destroyed in accordance with Facility's policy. At no time should duplicate copies be made of any computer generated reports without authorization.
- k. I agree to protect patient, employee and corporate confidentiality by using care in handling printed reports containing information from a hospital information system.

I agree that my obligations under this Agreement continue after my employment or my time as a volunteer ends.

I agree that, in the event I breach any provision of this Agreement, the Facility has the right to initiate discipline in accordance with its Sanctions Policy that may include: immediate termination of employment; privileges; scope of practice; and/or contract.

Workforce Member Name

Workforce Member Signature

Date