



Northern Arizona Healthcare

Flagstaff Medical Center • Verde Valley Medical Center

WORKFORCE MEMBER CONFIDENTIALITY AGREEMENT

This Confidentiality Agreement applies to workforce members of Flagstaff Medical Center, Verde Valley Medical Center, Northern Arizona Healthcare Orthopedic Surgery Center and Northern Arizona Healthcare.
(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 (workstation, smartphone, tablet, etc), 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 IT personnel.
- e. I will notify NAH Security upon witnessing any unauthorized persons accessing, tampering with or removing any computer hardware devices. I agree that I will report promptly any known or suspected violations of NAH's confidentiality and information security policies and procedures to NAH's HIPAA Privacy/Security Officer or their designee.
- f. I will not access, for purposes of inquiry, manipulation, deletion or alteration 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 make any unauthorized copies, modifications or deletion of PHI. This includes, but is not limited to, transferring PHI from the NAH's computer system to an unauthorized location, such as a personal computer, USB drive or personal email.
- j. I will not copy any data or computer programs to any other device or media without authorization.
- k. 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.
- l. I agree to protect patient, employee and corporate confidentiality by using care in handling printed reports containing information from a hospital information system.
- m. I will not disclose PHI on any social media site, such as Facebook or Twitter, or any other internet outlet; including any discussion or description of patients (even if the patient is not specifically identified).
- n. I will not transmit PHI on any mobile device without using a secure messaging application approved by NAH. This includes texting PHI to physicians, other workforce members and/or patients. I understand that texting PHI using the regular text messaging application on my phone can result in a HIPAA violation.
- o. I will not email PHI using a personal email account or any email account not approved by NAH. If my job requires the use of email, I will follow the specific guidelines established for email by the organization

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