Froedtert & Community Health

CONFIDENTIALITY & ELECTRONIC SECURITY AGREEMENT

Status (Check One)					
☐ Froedtert Staff	☐ Community Memorial Staff	☐ F&CH Staff	☐ Volunteer	☐ Student	☐ Vendor
☐ MD or Resident	☐ MCW Employee	☐ MCW Student	☐ Other	If other is checked, please explain:	

Demographic Information (Please print the following)			
Name		Social Security # First 5 digits only	
Department (or company)		Department / Cost Center #	
Position			

GENERAL CONFIDENTIALITY REQUIRED BY ALL:

As a condition of my use, access, and/or disclosure of confidential information of Froedtert & Community Health, Froedtert Hospital, and/or Community Memorial Hospital (collectively F&CH), I understand and agree to the requirements set forth in this Agreement. I understand that these requirements are my responsibility and agree to protect and secure F&CH confidential information and devices when I am on and off-campus. I also understand that my obligations under this agreement will continue after my employment with F&CH has ended, or my contract or relationship ceases.

I agree to access, use and/or disclose confidential information only as authorized and necessary to perform my legitimate job functions. This means, among other things, that:

a. I will not in any way access, use, divulge, copy, release, sell, loan, review, alter or destroy any confidential information except as properly and clearly authorized within the scope of my work functions and in accordance with all applicable policies and procedures of F&CH and with all applicable laws.

b. I will not access or review my own protected health information (PHI) or information of my family, friends, co-workers, etc. unless it is to carry out legitimate job functions. (Examples of PHI include: medical records, appointments, demographics, billing and other patient information, etc.)

c. I will exercise extreme caution when discussing and disseminating confidential information and will do so only when there is a legitimate business need.

d. I understand and agree that I have no individual rights to, or ownership of any information accessed or created by me during my relationship with F&CH.

e. I will immediately report to the Corporate Compliance Department, any individual's or entity's activities that I suspect may compromise confidentiality or that may conflict with the Corporate Confidentiality Policy.

CONFIDENTIALITY REQUIREMENTS FOR THOSE WITH ELECTRONIC / DEVICE ACCESS:

I understand that my userid/password is my personal access code for my electronic system access. It acts as my personal signature when performing electronic activities, and I agree to the following:

a. I will follow the F&CH security policies and will only access or use systems or devices, including portable devices and USB media that I am properly authorized to use by F&CH Information Technology.

b. I will safeguard my access codes and will not disclose them to anyone (including: my manager or Information Technology). I will not request access to or use any other person's passwords or access codes.

c. I accept responsibility for all activities undertaken using my access code. If the security of my access codes has been compromised, I will immediately change my password and report it to F&CH Information Technology Security Department.

d. I will practice good security measures such as keeping all electronic devices password protected and in a secured location, and logging out of the workstation or locking it when unattended. I will not make any unauthorized transmissions, inquiries, modifications or purging of confidential information. I will not modify the workstation configuration or use or add software to it without prior authorization from my F&CH manager and Information Technology.

e. I understand that F&CH has the right to maintain system audit trails and conduct audits of any activity and access to confidential information and patient information. This could include the machine name, user, date and data accessed, etc. F&CH may also conduct a review to monitor appropriate use of my system activity at anytime and without notice.

f. I understand and agree that I have no individual right to or ownership interest in any confidential information referred to in this agreement and that F&CH may at any time revoke my passwords and access codes.

By signing this document, I agree with the terms and understand that violation of any part of this agreement may result in disciplinary action, including termination, or termination of my business relationship with F&CH. Additionally, certain violations may be subject to reporting requirements to applicable licensing/certification boards, and subject to civil and/or criminal legal sanctions.

_____ _____ _____ _____

Signature Date **Witness Signature** Date