

## CONFIDENTIALITY STATEMENT

In regard to confidentiality, I understand that RHI has a legal and ethical responsibility to safeguard the confidentiality and privacy of all patients and their protected health information in written and spoken form. This same responsibility pertains to employees' personal data records and hospital information.

RHI makes every effort to ensure that employees/physicians/volunteers/students/contractors/physician extenders only have access to patient, employee and hospital information for reasons that pertain to their job. I understand that any unauthorized disclosure of the information that I have been given access to may be grounds for corrective action, up to and including termination. When talking with patients about their health information, I will make every effort to ensure that conversations are not over-heard by others who do not have a job-related need to know the information.

I understand that I may have been given a computer password for one or more systems and that this password(s)/user ID should remain confidential and not shared with anyone else, other than an authorized computer technician for purposes of trouble-shooting problems, and if this occurs, then I should change my password as soon as possible after the problem has been corrected. I realize that I am responsible for all computer system activity associated with my user ID and password and I agree to log off when I leave the computer workstation. I also agree that if I believe my computer ID and password have been violated, that I will report this to my supervisor and/or the HIPAA Privacy Officer.

It is my responsibility that if I become aware of a breach of patient information, I am to report it immediately to my supervisor and/or the HIPAA Privacy Officer.

I know that it is not appropriate to post any patient information on social networking sites. I also understand that pictures should not be taken of patients without their written permission and only by authorized personnel who have a job-related need for this action.

I know that if any of the above items are violated, it may be cause for corrective action up to and including termination, civil and/or criminal legal proceedings.

Employee/Physician/Student/Volunteer/Contractor/Physician Extender's Signature:

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Date: \_\_\_\_\_