

ProHealth Care (PHC)

STUDENT CONFIDENTIALITY AGREEMENT

All students must follow this Confidentiality Agreement. Please read it carefully before signing. You will be held accountable for your actions. Ask questions if there is anything you do not understand.

TERMS

I understand that:

- “Patient Information” is private and protected information about a patient, received through your experience at PHC.
- “Business Information” is information about ProHealth Care’s business, received through your experience at PHC.
- Private and protected means cannot be shared with anyone who does not have a right to know.

PATIENT INFORMATION

I will:

- treat all patient information as private and protected
- discuss patient information only in private
- discuss patient information only with those who have a need to know (this is true whether I am on duty or off)
- access the least amount of patient information I need to perform my role
- share the least amount of patient information necessary
- only release patient information when my role requires it
- **not** access any information on friends, relatives, neighbors, celebrities, or co-workers or myself (this includes information on computer and on paper)

BUSINESS INFORMATION

I understand that ProHealth Care business data:

- is private
- is owned by ProHealth Care
- can only be accessed when I need it to perform my role
- **cannot** be shared or discussed with anyone, except as part of my role

SYSTEM SECURITY

I understand that the Information (computer) Systems:

- are owned by ProHealth Care
- can be used only if I follow ProHealth rules

My security codes and passwords must:

- be used only to perform my role
- be kept private
- **never** be shared with anyone, including my friends and peers

I must:

- use only my passwords
- **not** allow anyone else to use my passwords
- log off from the workstation when I leave it, to prevent viewing of private information

I will NOT use the computer:

- to alter or misuse the data systems in any way
- to copy data system software
- for personal gain

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- to send offensive information, such as: national origin, sex, sexual orientation, age, disability or religion
- to send patient or business data to anyone who should not receive it
- to copy data or system software

Software on the ProHealth Care computer system must be:

- approved by Information Services
- officially licensed
- installed by the Information Services Department

ProHealth Care reserves the right to:

- audit the data accessed by me
- audit without my knowledge
- give the data obtained through audit to authorities

PERSONAL DUTIES

I will:

- shred private information or recycle it in the correct container
- be responsible for all information I enter into the computer system under my passwords or codes
- complete the necessary requirements before utilizing any patient data for educational purposes

I understand that after I leave my experience at ProHealth Care:

- I may no longer access any of the ProHealth Care data systems.
- Legal action may result if I try to enter the ProHealth Care data systems without permission.
- I may not discuss anything about patients or business data.

I am required to:

- protect ProHealth Care information from loss, misuse unauthorized access or change of private data
- report any breaks in the data system security (e.g. sharing of passwords)
- report any breach of this Agreement to the Supervisor or Charge Nurse of the department

I understand that I could be asked to leave the organization if I break any part of this Agreement. I also understand that legal charges could be filed against me.

I have read and understand this Agreement. I know it is a condition of my experience at ProHealth Care.

Signature _____ Date _____

Role _____ Department _____