

**The Children's Mercy Hospital  
Confidentiality Agreement**

In my affiliation with The Children's Mercy Hospital (Hospital), I understand that:

1. I may have access to confidential information including administrative, affiliate, patient, employee, clinical and financial data which may be in an oral, written or electronic form.
2. I must maintain the confidentiality of all of the information during and after my employment and affiliation. In addition, the confidentiality of the information may be protected by law.
3. The Hospital will investigate instances of unauthorized use of computer resources or unauthorized use or disclosure of confidential information. Unauthorized use or disclosure may result in disciplinary action (including termination of my association with the Hospital, whether that association is employment, educational, contractual, voluntary or participatory) or legal action by the Hospital.

In recognition of the Confidentiality policy, I agree to the following conditions:

1. As a condition of my affiliation with The Hospital, I agree to hold all oral, written and electronic information that I obtain in the course of my affiliation in strict confidence. I understand that if I use or disclose this information without authorization or misuse this information, I may be subject to disciplinary action, (including termination of my association with the Hospital, whether that association is employment, educational, contractual, voluntary or participatory) or legal action by the Hospital.
2. In those cases where I am provided information I will ensure that both the data and the physical medium (paper report, diskette, tape, laptop, PDA, etc.) is maintained in a secure work location and will not be removed, duplicated or copied without the permission of my supervisor or the appropriate Hospital authority.
3. When I am assigned a user name and password for applicable systems I will be responsible for preventing unauthorized use or disclosure of information through misuse of my user name or password. I recognize that my user name and password is equivalent to my signature and must remain under my control at all times. Specifically, I agree that:
  - a. I will not disclose my user name or password to anyone or allow anyone else to use my user name or password.
  - b. I will not attempt to learn the user name or password of another user.
  - c. I will not attempt to obtain access through the computer system to information that I am not authorized to receive.
  - d. I will not attempt to access any computerized system resource by using a user name or password not belonging to me.
  - e. I will not use my user name or password to access computer resources available to me for any purpose other than for Hospital related projects.
  - f. I will not access or attempt to access information after my employment or affiliation with the Hospital.

- g. If I know or suspect that the confidentiality of my user name or password or the user name or password of another has been violated, I will immediately notify the Information Systems Security Analyst or the Information Systems Help Line.
- 4. I understand that failure to report breaches is an ethical violation and may subject me to disciplinary action, (including termination of my association with the Hospital, whether that association is employment, educational, contractual, voluntary or participatory) or legal action by the Hospital.
- 5. I understand that if I allow any unauthorized person to gain access to computer resources or any confidential information in any form, I may be subject to disciplinary action, (including termination of my association with the Hospital, whether that association is employment, educational, contractual, voluntary or participatory), action by a licensing board or governmental agency, or an action on behalf of the patient and/or legal action by the Hospital.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Name (Print):** \_\_\_\_\_

**Employee ID#:** \_\_\_\_\_ **Department:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_