



Hospital for
Special Care

HSC
Community
Services, Inc.

Center of Special Care Confidentiality Agreement

I hereby acknowledge the obligation to protect the confidentiality of information and records that I may obtain during the course of employment or otherwise providing services to or on behalf of any and all entities affiliated with Center of Special Care ("CSC"). I agree to abide by the CSC Confidentiality policy and other procedures and applicable requirements related to the confidentiality of sensitive information. This includes, but is not limited to, patient, employee, business and financial information, and specifically includes obligations under federal HIPAA regulations to protect the privacy and security of protected health information (PHI), while providing services to or on behalf of CSC.

This obligation applies to all CSC Confidential Information, including but not limited to proprietary information and business records, individually-identifiable health information, and personnel records, in any format, including electronic, oral or written information, audio recordings, and photographs/digital images.

1. I agree not to access, amend or disclose any confidential information that is not necessary for me to provide services to or on behalf of CSC, in accordance with my responsibilities as an employee, volunteer, student, contracted staff, professional staff or other affiliation with CSC.
2. I agree not to allow any unauthorized party to have access to CSC confidential information or data, patient records or information technology systems. I agree not to share computer/software passwords that are provided to me in order to carry out my responsibilities, or allow anyone to access, create or alter information under my username/password. This specifically includes my username/password (or any other method of authentication such as key cards or tokens) that are provided to me for purposes of accessing and making entries in the electronic medical record and related systems.
3. I agree to take reasonable steps to ensure that the confidentiality and security of patients' individually-identifiable health information is protected from unauthorized access, amendment, deletions, use or disclosure. I agree to abide by the Password Management policy and other requirements for access to information technology resources.
4. I understand that electronic signatures use in electronic medical records and related systems are intended to be the legally binding equivalent of my traditional handwritten signature.
5. I agree to report immediately any unauthorized access/disclosure of confidential information, security incident, or suspected violation of applicable policy or law to the CSC Privacy Officer and/or Security Officer.

The obligations of this Confidentiality Agreement extend indefinitely beyond the term of my employment, affiliation, or any agreement to provide services to or on behalf of CSC.

Upon completion of services, affiliation or employment, I hereby agree to return to CSC my badge, any tokens or key cards or similar devices, keys to access physically secure areas, and all confidential records, files and electronic information, including portable electronic devices or storage media, which I obtained in connection with providing services to or on behalf of CSC.

Printed Name: _____ Department: _____

Signature: _____ Date: _____

Retain this form in the individual's personnel file or within the department/office responsible for overseeing the individual (if not an employee).

Form rev. 1/31/2017