

CUYUNA REGIONAL MEDICAL CENTER
Confidentiality and Information Security Policy
ACKNOWLEDGE AGREEMENT

As an employee/volunteer of Cuyuna Regional Medical Center (CRMC), and as a condition of my employment or when I am on the premises, I agree to the following:

1. I understand that I am responsible for complying with HIPAA policies.
2. I will treat all information received in the course of my employment or when I am on the premises, which relates to protected health information, as confidential and privileged information.
3. I will not access Protected Health Information (PHI) unless I have a need to know the information in order to perform my job.
4. I will not disclose information regarding CRMC's patients to any person or entity, other than as necessary to perform my job, and as permitted under CRMC's HIPAA policies.
5. I will not log on to any of CRMC's computer systems that currently exist or may exist in the future using a password other than my own.
6. I will safeguard my computer password and will not post it in a public place, such as the computer monitor or a place where it will be easily lost, such as on my nametag.
7. I will not allow anyone, including other employees, to use my password to log on to the computer.
8. I will log off of the computer as soon as I have finished using it.
9. I will use email to transmit patient identifiable information only when it is appropriate to perform my job.
10. I will not take protected health information from the premises of CRMC in paper or electronic form without first receiving permission from the Privacy/Security Officer or my immediate supervisor.
11. Upon cessation of my employment with CRMC, I agree to continue to maintain the confidentiality of any information I learned while an employee/volunteer and agree to turn over any keys, access cards, or any other device that would provide access to CRMC or its information.
12. I understand that I am not authorized to take **any** photographs (unless as a part of my direct job) on the premises of CRMC.
13. I will ensure that PHI or restricted information on portable computing devices will not be left unattended at any time unless secured with a password per policy **IM-012**.
14. I will not allow anyone else to use a portable computing device that is assigned to me, which may store PHI.

I, the undersigned, have reviewed and agree to comply with the Cuyuna Regional Medical Center Confidentiality and Information Security Policy.

Employee Name—Please Print

Employee Signature

Date

Human Resource Manager

Date