

COMMUNITY HEALTH SERVICES

410 Birchard Avenue
Fremont, OH 43420

Human Resources

CONFIDENTIALITY AGREEMENT

As an employee/volunteer of Community Health Services (CHS), I agree to protect the confidentiality of patient information in accordance with the following requirements.

1. I WILL:

- Avoid any inappropriate disclosure of confidential information as outlined in CHS Personnel Policies.
- Use confidential files and data only for purposes for which I have been specifically authorized by my supervisor or his/her designee.
- Immediately report any unauthorized access or use of confidential patient information to my supervisor.

2. I WILL NOT:

- Share confidential patient information with anyone unless the information is requested for patient care, research and/or educational purposes.
- Review and/or access patient information for which I have no authorization.
- Make copies of any confidential patient records or data except as specifically authorized by my supervisor or his/her designee.
- Share my computer password, EMR codes, building alarm codes, or file access codes with anyone.
- Allow unauthorized personnel access to files, CHS offices, computers, records and/or other confidential patient information.

I understand that information pertaining to the patient's admission, diagnosis, treatment and financial status is confidential and must be protected. I understand that any misuse of confidential patient information, whether intentional or due to neglect on my part, will result in appropriate, corrective disciplinary action, up to and including termination.

Employee/Volunteer Signature

Date