



## 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.*

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Employee/Volunteer Signature

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Date