

TidalHealth Nanticoke

Confidentiality of Information Statement

Name: _____ Service Area: _____

This policy primarily addresses employees of TidalHealth Nanticoke. It also includes other individuals who work with TidalHealth Nanticoke. Examples include, but are not limited to consultants, students, volunteers and contracted personnel.

As one of these individuals, I may have access to confidential information. This information may pertain to patients. It may also pertain to physicians or other staff members. Additionally it may pertain to the hospital, providers or other corporate entities. This information may come in the form of personnel information, medical record data, lab results, etc. I fully understand that I have all the responsibilities listed below.

I am responsible for maintaining the confidentiality of this information. TidalHealth Nanticoke will govern the policies and standards of confidentiality. It will also govern policies on release of information. These policies will detail to whom I may legally disclose information. The policies will also govern under what circumstances I may disclose this information. I will abide by them at all times.

I may obtain access codes to TidalHealth Nanticoke computer systems. I will safeguard the security codes given to me. I will not disclose my security codes to anyone for any reason. This includes my family and friends. It also includes fellow workers, supervisors, and subordinates. I may be required to reveal my security codes to the Information Security Officer. This is the only exception.

I will only use my access security codes to perform my duties. I will not use anyone else's codes to obtain access to any computer system. I will be accountable for all work performed under my security codes. I will also be accountable for changes made to the system or databases under my security codes. I will not allow anyone else access to the computer using my security codes.

TidalHealth Nanticoke reserves the right to monitor or intercept an individual's correspondence, including but not limited to telephone conversations or transmissions, electronic mail or transmissions, and internet access and usage.

Any unauthorized disclosure of information is grounds for immediate termination from TidalHealth Nanticoke. It may also result in legal action. My signature indicates I am aware and do understand this.

Employee/Other Signature _____
Date

TidalHealth Nanticoke Representative Signature _____
Date