CONFIDENTIALITY STATEMENT

Georgia Health Sciences Health System has an obligation to maintain the confidentiality of all patient information, employee records or proprietary business information. Confidentiality is required in the relationship with patients, employees, service providers and stakeholders, and demonstrates our commitment to professional standards and behavior. Patient information, employee records, computer passwords, and proprietary business information are all examples of confidential information. Confidential information shall not be shared or disseminated to individuals who do not need the information in order to perform their jobs.

Information pertaining to employees is also confidential and will be protected as such. Patient information, employee records or proprietary business information may be disclosed only in accordance with Georgia Health Sciences Health System policies. Access to protected health information in electronic, hard copy or other form is restricted to workforce members and other individuals involved in a treatment, payment or operational role. If in doubt, you should act to preserve the confidence of the information requested until Georgia Health Sciences Health System policies can be verified. You should refrain from discussing or disclosing confidential information except as necessary to promote the legitimate business of Georgia Health Sciences Health System. Disclosing confidential information in violation of Georgia Health Sciences Health System policies or in violation of law may result in disciplinary action up to and including termination of employment or, for individuals who are not employed by Georgia Health Sciences Health System, termination of access to the organization’s information systems and/or facilities.

No workforce member or other individuals are permitted to realize any personal gain as a result of disclosing or using confidential information. This obligation of nondisclosure and the responsibility not to benefit from confidential information learned during the course of your employment or while you are working or studying at Georgia Health Sciences Health System continue indefinitely, even after your employment or arrangement with the organization ends.

Statement of Understanding:

I have read and understood the above Confidentiality Statement and I agree to comply with it. I understand that a violation of any part of the Confidentiality Statement may result in disciplinary action up to and including termination of employment or, for individuals who are not employed by Georgia Health Sciences Health System, termination of access to the organization’s information systems and/or facilities.

______________________________    __________________
Signature               Date

Capacity:  □ Workforce Member □ Student □ Observer □ Contractor □ Volunteer □ Other (specify)_____________