



# Confidentiality Statement

MercyOne has a legal and ethical duty to protect the privacy of all patients and the confidentiality of their health information. As a result, MercyOne has policies in place to assure the confidentiality of information, whether it is health information, business information, and/or management information (collectively defined as "Confidential Information"). The purpose of this statement is to document your acknowledgement and understanding of Confidential Information and MercyOne's security and confidentiality policies.

I acknowledge and understand the following:

1. I agree only to access information that is needed to do my job. I also agree only to disclose or discuss Confidential Information, including patient information, with those who need the information in order to do their job. I also agree not to disclose or discuss any Confidential Information outside the workplace.
2. I understand that I am responsible for understanding and following the laws, regulations, and policies that apply to my work.
3. I agree not to talk about Confidential Information in highly public places where others can overhear the conversation.
4. I understand that this form must be signed in order for a User-ID and Password to be issued to me. I also understand that my Internet and computer usage will be audited.
5. I agree not to tell another person my computer password or use another person's computer password instead of my own for any reason. I am responsible for all activity that is connected to the use of my password. If I believe that someone else knows or is using my password, I will request a new one.
6. I agree not to send or share information unless authorized by the patient and/or as part of my work responsibilities. I also agree not to change, inquire or delete information except when authorized as part of my work responsibilities.
7. I agree to promptly report all violations or suspected violations of information security and/or confidentiality policies to my manager.
8. I understand that violation of this statement may result in disciplinary action, up to and including loss of privileges, suspension, and /or termination of employment.

I have read and understand this Confidentiality Statement and have discussed any questions I have regarding these documents with my manager.

---

Signature of Colleague/Physician/Student/Volunteer

---

Date

---

Printed Name