

# ROCHESTER REGIONAL HEALTH

## Confidentiality Agreement

I fully understand that according to policy, information concerning the patient, including source of payment, facts documented in the medical record, and information learned from other sources, is to be kept confidential. Unauthorized use or disclosure of patient specific, organizational, and/or employee information is considered cause for discipline up to and including termination.

I understand that during the course of my day at work I may be working with confidential information. It is my responsibility to safeguard this information and not to discuss this information outside the realm of my work responsibilities. Even relaying that a person is seen in the organization is considered confidential information. I also understand that it is my responsibility to notify my supervisor if I suspect an inappropriate use or breach of confidential information.

I am fully aware that during the course of my work I may utilize various information systems, including but not limited to the medical record, e-mail, voice mail, Internet, and computer applications such as Care Connect, Patient Registration, Financial systems, etc. I fully understand that this information is also confidential and I am responsible and will be held accountable for securing my passwords for any information system and for adhering to the Rochester Regional Health IS&T Acceptable Use Policy.

I understand that I am not permitted to access information on myself, family members, friends or acquaintances. Access to patient information is permitted to perform my job responsibilities only. MDs DOs and APPs may access their own medical records without written permission (excluding psychiatric or any other records found behind "break the glass" protections), either through Health Information Management or the electronic health information system. This exception includes the provider's personal data only, and is exclusive of any other patient records including family members, friends or others. Violation of this restriction may result in removal of my access to the system and/or disciplinary action up to and including termination.

I fully understand that all HIV, Mental Health, and/or Alcohol and Drug Abuse related information is confidential. No persons who obtain confidential HIV, Mental Health, and/or Alcohol and Drug Abuse related information, in the course of providing any health or social service or prior to obtaining a release, may disclose or be compelled to disclose such information, except as permitted by law.

I fully understand that specific authorization is required for disclosure or release of records containing HIV, Mental Health, and/or Alcohol and Drug Abuse information in NYS. If I have questions, I should contact the Rochester Regional Health Information Management (Medical Records) Department at 922-4521.

I fully understand my responsibilities and obligations to Rochester Regional Health and Affiliates as a user of information systems. I will not utilize these systems in any manner, which may jeopardize the confidentiality of information specific to Rochester Regional Health or its affiliates or information, which Rochester Regional Health may have obtained legally from outside sources, which may not be re-disclosed. I will immediately report any abnormal computer or Internet activities, which may indicate unauthorized access to Rochester General Health System or Affiliate information systems to the Information Services Help Desk at 922-HELP (4357).

I understand it is my responsibility to seek clarification on any of the above information whenever I may have questions or concerns.

I will hold all information in confidence. I understand that failure to comply with federal and state regulations, Rochester Regional Health policies and procedures, and/or this Confidentiality Agreement will result in disciplinary action up to and including termination of employment, participation in the Rochester Regional Health workforce, or contractual relationship. It is my understanding that I may face civil and/or criminal penalties, including imprisonment, for violations of regulations, policy and procedure and/or confidentiality.

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Signature

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Date

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Print Name

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Affiliate