

OATH OF CONFIDENTIALITY

I understand that I may be working with or come in contact with confidential patient, employee, or other sensitive hospital information.

I understand that private and confidential information is protected by state, federal, and other regulations.

I understand that private and confidential information may not be discussed outside my department or the hospital unless I am required to do so in the course of my work.

I understand and agree that I must keep all patient information in confidence.

I understand that access to information is restricted and is to be used only for the performance of my assigned duties. Further, I understand that training is required prior to accessing hospital information. Examples of information include:

- ❖ Patients' medical records
- ❖ Patients' billing statements
- ❖ Hospital information systems (computers)

I understand that violation of computer password protection is considered a breach of confidentiality and security. I also understand that I am responsible for any information accessed by use of my personal computer password, and bear full responsibility to "log off" in the computer system when I leave it unattended.

I understand that I must not seek patient or other sensitive information not related to the performance of my duties.

I understand that I may be required to sign a customized Oath of Confidentiality prior to serving on certain hospital committees or teams.

I understand that I have the responsibility to report any apparent breaches of confidentiality to my immediate supervisor.

I understand that I am fully responsible to adhere to all aspects of this oath and I will be subject to disciplinary action in accordance with the Hospital's policy for any violations thereof.

Employee's Printed Name _____

Employee's Signature _____

Date: _____