

## Confidentiality Acknowledgement

Through my association with Norman Regional Health System, as an employee, agent, independent contractor, volunteer, student, physician, or approved observer, I understand that patient information in any form (paper, electronic, oral, etc.) is protected by law and that breaches of patient confidentiality can have severe ramifications up to and including termination of my relationship with Norman Regional Health System as well as possible civil and criminal penalties. I will only access, use or disclose the minimum amount of patient information that I am authorized to access, use or disclose and that is necessary to carry out my assigned duties. I will not improperly divulge any information that comes to me through the carrying out of my assigned duties, program assignment or observation.

This includes but is not limited to:

- I will not discuss information pertaining to any patient with anyone (even my own family) who is not directly working with said patient.
- I will not discuss any patient information in any place where it can be overheard by anyone who is not authorized to have this information.
- I will not mention any patient's name or disclose directly or indirectly that any person is a patient except to those authorized to have this information.
- I will not describe any behavior that I have observed or learned about through association with this Hospital, except to those authorized to have this information such as my clinical instructors or assigned preceptor.
- I will not contact any individual or agency outside this Hospital to get personal information about an individual patient unless a release of information has been signed by the patient or by someone who is legally authorized by the patient to release information.
- I will not use confidential Norman Regional Health System business related information in any manner not required by my job or disclose it to anyone not authorized to have or know it.

## COMPUTER SECURITY ACKNOWLEDGMENT

I understand my password and user ID create a unique user account and that Norman Regional Health System reserves the right to monitor my activity within any application. I understand I am accountable for any activity within the application linked to my unique user account and that I may be questioned about my activity. I understand I will be accountable for any document or data creation or modification linked to my unique user account. I understand that sharing my password, using someone else's password or signing on for others to use the application are all breaches of security of confidential health system information. I acknowledge that I will follow proper computer security procedures (such as signing off, not sharing passwords, etc.) to protect information maintained electronically from being accessed by an unauthorized user.

## INTERNET SECURITY ACKNOWLEDGMENT

I am familiar with the Internet and e-mail security policies and I agree to abide by them. I am aware that my unauthorized or inappropriate use of the Internet may result in disciplinary action against me up to and including fines and/or termination. I further acknowledge my responsibility to keep my password confidential and in the event of a suspected compromise or a security problem I will immediately notify the information technology security administrator. In addition, when sending files or attachments via e-mail, I will observe all Norman Regional Health System security and confidentiality policies. I understand that the privilege of using the Internet and e-mail may or may not be granted to me in the future and that if granted is to be used for business reasons only.

With my signature, I indicate I have read and I understand these Acknowledgements.

Signature \_\_\_\_\_

School \_\_\_\_\_

Printed Name \_\_\_\_\_

Program \_\_\_\_\_

Date \_\_\_\_\_