



Confidentiality Agreement

Catholic Health Initiatives, its affiliates and subsidiaries (CHI), treat information about CHI's business and about individuals such as the patient or resident and their families, employees as confidential and take precautions to protect the privacy, confidentiality, and security of this information.

CHI confidential information means any information regardless of the format that it is in (for example, paper, electronic, oral conversations, films) about a patient, resident, employee, student, physician, professional staff, or CHI business and financial operations that is not available to the public. Confidential information includes, but is not limited to, protected health information, billing, payroll, employment records, employee benefits, trademark, copyright, intellectual property, technical ideas and inventions, written published works, contracts, supplier lists and prices, price schedules, business practices, marketing, or strategy, confidential information of third parties for business purposes, or information that is only intended for internal use.

During the course of your employment or association with CHI, you may have access to CHI confidential information. In order to access confidential information you must read the following statements and conditions and indicate your intent to comply.

1. I will look at and use only the confidential information I need to perform my job duties such as to provide health care for a patient, resident or other individuals, or to perform CHI business related job duties.
2. I will not look at confidential information that I do not need to perform my job for my own personal benefit or profit, for the personal benefit or profit of others, or to satisfy personal curiosity, or to disclose or divulge confidential information to others.
3. I will not share confidential information with anyone who is not authorized by CHI to have access to it. If my responsibilities include disclosing confidential information with outside parties such as healthcare providers, contractors, consultants, or insurance companies, I will follow CHI policies and procedures for these types of disclosures.
4. I will take reasonable precautions and follow CHI policies and procedures for safeguarding confidential information to prevent the unauthorized use or disclosure of confidential information.
5. I will ensure that confidential information that I no longer need will be returned and maintained in the appropriate CHI department or location, or in accordance with CHI policies and procedures.
6. I understand that passwords, verification codes, or electronic signature codes assigned to me are the equivalent to my personal signature; and
 - I will only use my password, verification or electronic signature code, in accordance with CHI policies and procedures;
 - I will not use the password, verification or electronic signature code of other CHI employees or individuals authorized by CHI to have such password, verification or electronic signature code;
 - I am responsible and accountable for all entries made and retrievals accessed using my password, verification or electronic signature code regardless of whether it is used by me or by another individual; and
 - I will not use my password, verification or electronic signature code after my employment or affiliation with CHI ends.

7. I understand that CHI issues user identification and secure passwords to access confidential information that is maintained electronically and that CHI periodically monitors access and use of confidential information to determine my compliance with CHI policies and procedures and the terms of this Agreement.
8. If I become aware that another individual has access to or is using my password, verification or electronic signature code or is using his or another individual's password, electronic signature or verification code improperly, I will immediately notify my direct supervisor or the CHI Privacy Officer.
9. I understand and agree to abide by the obligations of this Confidentiality Agreement and associated CHI policies and procedures related to privacy, information security, information technology and confidentiality. I understand that CHI may take disciplinary action if I do not abide by this Confidentiality Agreement and the CHI policies and procedures, including termination of my employment, contract, or association with CHI.
10. I understand that my obligation to maintain the confidentiality of CHI's confidential information extends beyond termination of my employment or association with CHI, and I agree that I will not disclose or use CHI confidential information for any purpose after my employment or association ends.
11. I understand that CHI is entitled to take legal action against me if I do not follow this Confidentiality Agreement and CHI's confidential information is used or disclosed inappropriately, including obtaining money damages.
12. I understand that agreeing to comply with CHI policies and procedures to protect confidential information is not an employment contract. I understand that these policies and procedures may be revised or amended at any time and I will be made aware of the updated policies and procedures.

Acceptable Use of CHI IT Assets Agreement

During the course of your employment with Catholic Health Initiatives, or its affiliates and subsidiaries (CHI) you may need to have access to information systems, applications, and information technology network infrastructure (CHI IT Assets) to obtain and use CHI information for your job duties. In order to obtain and maintain access privileges to CHI IT Assets you must read the following statements and conditions and indicate your intent to comply with CHI policies and procedures and this Acceptable Use Agreement.

1. I have read the CHI Acceptable Use Policy. If I have any questions about my use of CHI IT Assets I am to ask my immediate supervisor and/or the ITS Help Desk for assistance. I may access the Acceptable Use Policy by going to Inside CHI or clicking on [CHI IT Security Policies and Standards](#).
2. I understand that CHI maintains ownership of CHI IT Assets and the CHI Information contained on these IT Assets. CHI Information includes information that I may create, access, or obtain on behalf of CHI.
3. I understand that CHI will monitor my access, use, and transmission of information on CHI IT Assets. I do not have, and should not expect any personal privacy rights when using CHI IT Assets.
4. I am not permitted to install or remove any software on CHI IT Assets. If I need specific software for specific job duties, I will obtain approval from my immediate supervisor and request services from ITS Help Desk to install or remove such software.

5. I am responsible for complying with software licensing, copyright, and patent requirements, and the laws which protect these rights. I understand that I am not permitted to download, reconfigure, or reverse engineer any software that CHI uses with its IT Assets.
6. I am responsible for handling CHI Information to prevent unauthorized use or disclosure of CHI Information, and unauthorized access, and use of CHI IT Assets. This includes, but is not limited to taking additional physical precautions to protect IT Assets such as logging out and turning off my computer when not in use, physical protection of IT Assets to prevent theft or loss, such as with mobile devices and laptops, protecting my password from other individuals who may use it inappropriately, and regularly changing my password and making the password complex and difficult to break. I will follow the password requirements set forth in the CHI IT Security Acceptable Use Policy.
7. I am responsible for securing CHI Information when used and disclosed electronically, such as using encryption when sending Confidential Information.
8. I am responsible for knowing and following the acceptable uses of Internet, email, Instant Messaging, file transfer, and proper data storage as set forth in the CHI Acceptable Use policy.
9. I am responsible for protecting CHI IT Assets, including my company computer, from viruses and the introduction of malware. If I have any questions or concerns about unknown emails or internet web sites, I will contact the ITS Help Desk for assistance.
10. I will report all security incidents to the ITS Help Desk regardless of how insignificant I may think the incidents are.
11. I understand and agree to abide by the obligations of this Acceptable Use of CHI IT Assets Agreement and associated CHI policies and procedures while using CHI IT Assets. I understand that CHI may take disciplinary action if I do not abide by this agreement and the CHI policies and procedures, including up to termination of my employment, contract, or association with CHI.
12. I understand that agreeing to comply with CHI Acceptable Use Policy and related policies and procedures is not an employment contract. I understand that these policies and procedures may be revised or amended at any time and I will be made aware of the updated policies and procedures.

I understand that I may access a copy of the **Privacy and Security Standards** by going to the Inside CHI Web site or through these links:

Privacy Standards: <http://collab.catholichealth.net/gm/folder-1.11.142497>

Security Standards:

<http://home.catholichealth.net/portal/site/chihome/menuitem.9330395aff7999de89df0ef43abafa0/?vgnextoid=742b43e4a0610210VgnVCM1000093bcfa0aRCRD&vgnnextfmt=default>

By my signature below I am indicating that I have read, understand, and agree to adhere to the conditions of this Confidentiality Agreement for continued employment or affiliation with **Catholic Health Initiatives**.

Name (print): _____ ID Number (optional): _____

Signature: _____ Position: _____