



**SUMMIT HEALTHCARE REGIONAL MEDICAL CENTER
WORKFORCE MEMBER CONFIDENTIALITY AGREEMENT**

I understand that I may have access to confidential patient information and confidential information about the business and financial interests of SHRMC (referred to as “Confidential Information” in this Agreement). I understand that Confidential Information is protected by the Health Insurance Portability and Accountability Act (HIPAA) in every form, such as written records and correspondence, oral communications, and computer programs and applications.

I agree to comply with all existing and future SHRMC policies and procedures to protect the confidentiality of Confidential Information. I agree not to use, copy, make notes regarding, remove, release, or disclose Confidential Information, unless it is permitted by SHRMC policy.

I agree not to share or release any authentication code or device, password, key card, or identification badge to any other person, and I agree not to use or release anyone else’s authentication code or device, password, key card, or identification badge. I agree not to allow any other person, except those authorized by SHRMC, to have access to the SHRMC information systems under my authentication code or device, password, key card, or identification badge. I agree to notify the appropriate administrator immediately if I become aware that another person has access to my authentication code or device, password, key card, or identification badge, or otherwise has unauthorized access to the SHRMC information system or records.

I agree that my obligations under this Agreement continue after my employment or my time as a volunteer or student ends.

I agree that, in the event I breach any provision of this Agreement, SHRMC has the right to reprimand me or to suspend or terminate my employment or volunteer status or student access with or without notice at the discretion of the Hospital, and that I may be subject to penalties or liabilities under state or federal laws. I agree that, if SHRMC prevails in any action to enforce this Agreement, SHRMC will be entitled to collect its expenses, including reasonable attorney’s fees and court costs.

Employee Name

Employee Signature

Date