

Patient Information Confidentiality Agreement for All Users

Name: _____

Position: _____

Confidentiality Agreement/Computer Access Agreement:

I recognize that, in the course of performing services at Montefiore, I may gain access to Montefiore patient information, which is protected by federal and state law and by Montefiore Administrative Policies and Procedures.

I may be assigned a unique computer identification number and instructed to develop a personal password so that I may access Montefiore electronic medical record systems. In order to receive an identification number and password, I will be required to complete training in the use and responsibilities of the Montefiore electronic medical record systems. I understand that my access identifiers are the equivalent of my legal signature and I will take all reasonable and necessary precautions to protect them in order to maintain confidentiality of patient information stored in Montefiore electronic medical record systems, I agree that:

- I will keep confidential all patient information to which I gain access whether in the direct provision of care or otherwise.
- I will access and use patient information only on a "need to know" basis as necessary for the provision of patient services and/or hospital operations.
- I will disclose patient information only to the extent authorized and necessary to perform my job responsibilities.
- I will not discuss patient information in public places or outside of work.
- It is my obligation and responsibility to ensure the confidentiality of all patient information.
- I will keep my computer identification number and passwords confidential and will not share them with anyone for any reason. I understand that I will be responsible for all transactions performed using my access identifiers.
- I will not attempt to access information in the system using a user ID and password other than my own.
- I will not leave an in-hospital or remote computer terminal unattended without first logging off.
- I will take all reasonable and necessary precautions to ensure both in-hospital and remote terminals are protected from unauthorized access.
- I will contact security administration (718-920-4554) immediately if I have reason to believe that my computer identification number or password has been revealed for any system or if I suspect any unauthorized access to patient information.
- I will inform Montefiore's security administration (718-920-4554) if I leave my current employment so that my access to all Montefiore electronic medical record systems will be deactivated.

It is my responsibility to maintain the confidentiality of Montefiore's patient information even when I am no longer a member of Montefiore's workforce or no longer permitted access to the Montefiore information systems.

I understand that Montefiore will use my identification number and/or password to monitor Montefiore electronic medical record systems by means of patient and user-specific audit trails and that my use of the systems may be audited at any time. It is my obligation and responsibility to protect my unique user identification number and password from improper use, and not to do so is a breach of Montefiore policy, which will result in disciplinary action including possible loss of access to the Montefiore electronic medical record systems and/or dismissal.

Signature: _____

Date: _____