

Confidentiality Agreement

I understand in the course of my employment or association with Piedmont Healthcare (PHC) and its affiliates, I am required to maintain the confidentiality of employer, employee, physician and patient information. This information includes, but is not limited to, patient-related information, confidential and proprietary business information including trade secrets and competitive and strategic data, and all related matters. I understand it is my responsibility to follow PHC policies and procedures as they relate to the assurance of patient rights and the confidentiality of all information, both patient and other business information, in any medium (written, electronic, or oral).

As a condition of my employment or other affiliation with PHC I understand I must sign and comply with this Confidentiality Agreement. By signing this Agreement, I understand and agree to the obligations stated herein.

Computer Systems: I understand in the course of my employment and/or association with PHC, I may be permitted to utilize online computer systems in order to fulfill my workforce responsibilities. If this is required, I understand personal access code(s), user ID(s), access key(s), and password(s) identify me to the online computer system(s). Accordingly, I will maintain their confidentiality and not reveal them to others. If at any time I feel their integrity has been compromised, I will change their value immediately if I have the authority to do so. If I do not have that authority, I will immediately contact either the Information Services Customer Care Center at 404-605-3000 and request a new code or password. I further understand any information I access from the online computer is strictly confidential and is to be used only in the performance of my duties and responsibilities as an employee or workforce member of PHC. I understand I may not access any PHC system for personal reasons.

I understand that any and all transmissions or data utilizing or stored on any PHC system is subject to review and inspection by PHC at any time and that no employee may claim any right of personal privacy in the use of any PHC system or of data or communications utilizing said system. I hereby waive any and all such rights and consent to any such review or inspection, at any time, with or without cause, and with or without notice.

I will not access or view any information other than what is required to do my job. If I have any question about whether access to certain information is required for me to do my job, I will immediately ask for clarification from a manager, director, Information Security Officer, or the Privacy Officer prior to access.

Employee/Affiliate Conduct and Confidentiality: I understand as an employee, physician, other member of the workforce, and/or volunteer of PHC, I am responsible for assuring confidentiality of any employer, employee, physician or patient information. I understand that release of employer, employee, physician, or patient information of any kind, including any proprietary business or financial information, is dictated by policy; and if I should be unsure as to the policy guidelines, I will obtain approval from a manager, director, Privacy Officer or Executive Officer prior to the release of any such information.

Patient Information: I am aware I am not authorized to discuss any information concerning a patient's personal data or medical condition unless specifically identified as a part of my duties, and then discussion may only occur with other professionals specifically involved in that patient's treatment, or payment or healthcare operations. I am also responsible for insuring conversations regarding patient information are held in appropriate locations with the appropriate individuals. I understand the need to be equally cautious when the information to which I have access is that of an employee or person with whom I am acquainted.

I will not make inquiries about information for which I do not have authorization to access or make an inquiry to any individual or party who does have proper authorization to access such information.

I will not make any unauthorized transmissions, copies, disclosures, inquiries, modifications, or deletions of Patient Information or Confidential Information. Such unauthorized transmissions include, but are not limited to, removing and/or transferring Patient Information or Confidential Information from any PHC computer system to unauthorized locations (for instance, home).

I also understand that any protected health information used in preparation for and/or utilized in case presentations, professional lectures, publications or other productions must be de-identified as described in PHC policy 5004 "Protected Health Information/De-identification of Protected Health Information" prior to removal from PHC premises. I further understand any access to PHI for research purposes will have been approved through an Institutional Review Board.

Patient Information and Media Relations:

Certain offices are designated as communication centers for information. Only the Office of Corporate Communications/Public Relations for Piedmont Healthcare, the local Administration or Public Relations offices for Piedmont entities, Information Desk receptionists, and the Patient Information line are authorized to give information concerning a patient's condition as approved by the patient. Please refer all such inquiries to one of the above. Inquiries from newspapers, radio, television and other media; permission for photographs; and requests for Piedmont Healthcare information should be referred immediately to the local or corporate Public Relations Office. Should you see a photographer or reporter on the premises unescorted by a Piedmont Healthcare representative, please alert Public Relations.

I agree my obligations under this agreement regarding patient information will continue after the termination of my employment/assignment affiliation with PHC. I understand that any confidential information or patient information that I access or view at PHC does not belong to me. I understand a violation of this Agreement may result in corrective action and/or termination of employment and/or association with PHC. I understand that if any breach of confidentiality of information results in a claim or suit for damages against PHC, or any of its affiliates, PHC may seek indemnification for damages that are related to my actions. I also may be subject to personal civil and criminal legal penalties. I understand that any workforce member suspected of failure to maintain this confidentiality will be carefully reviewed and will, if substantiated, be subject to corrective action and/or termination in accordance with established policies and procedures.

PHC Property: Upon termination of my employment/assignment/affiliation with PHC, I will immediately return all property (e.g. keys, documents, ID badges, cell phones/blackberrys, laptops) to PHC. I acknowledge that I have read and understand the PHC policy 5016 "Confidentiality of Information" and this Confidentiality Agreement and agree to comply with all its terms as a condition of continuing employment or affiliation.

Print Name _____ Signature _____ Date _____ Time _____

Department/Affiliation _____ Facility/Location _____