

Wake Forest University Health Sciences

CONFIDENTIALITY AGREEMENT FOR RESEARCH MONITOR ACCESS TO ELECTRONIC RECORDS

Wake Forest University Health Sciences (WFUHS) and North Carolina Baptist Hospital (NCBH) (the Medical Center) has a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of their health information. Additionally, WFUHS must assure the confidentiality of its human resources, payroll, fiscal, research, computer systems, and management/administrative information.

In the course of my assignment at the Medical Center, I may come into the possession of confidential information. In addition, my personal access code "USER ID(s)" and PASSWORD(s) used to access computer systems is also an integral aspect of this confidential information.

By signing this document, I understand and agree to the following:

1. I agree not to disclose or discuss any patient, human resources, payroll, fiscal, research, management/administrative information or other confidential information with others, including friends or family, who do not have a need-to-know. I understand that 'patient information' includes, but is not limited to, the medical records of my family, friends, co-workers, and myself."
2. I agree not to access any patient, human resources, payroll, fiscal, research, management/administrative information or other confidential information or utilize equipment, other than what is required to do my job, even for personal reasons.
3. I agree not to discuss patient, human resources, payroll, fiscal, research or management/administrative information where others can overhear the conversation, e.g. in hallways, on elevators, in the cafeterias, on the shuttle buses, on public transportation, at restaurants, at social events. It is not acceptable to discuss clinical information in public areas even if a patient's name is not used. This can raise doubts with patients and visitors about our respect for their privacy.
4. I agree not to make inquiries into any records or system for other personnel who do not have proper authority.
5. I agree not to inform another person of my computer password or knowingly use another person's computer password instead of my own for any reason unless authorized by WFUHS.
6. I agree not to make any unauthorized transmissions, inquiries, modifications, or purging of data in any system. Such unauthorized transmissions include, but are not limited to, removing and/or transferring data from computer systems to unauthorized locations, e.g. home.
7. I understand when utilizing or interacting with others regarding patient, human resources, payroll, fiscal, research, management information or other confidential information this must be limited to authorized personnel.
8. I agree to log off, lock or shutdown my computer or terminal prior to leaving it unattended.
9. I agree to inform my manager, supervisor, or other appropriate personnel of any privacy or security breach I observe or become aware of.
10. I agree to make only authorized entries for inquiry and changes in any WFUHS or medical center system and not to disclose any confidential information.

I understand that violation of this agreement may result in corrective action, up to and including exclusion from the Medical Center and prosecution under federal or state law.

I understand that in order for any "USER ID" and/or PASSWORD to be issued to me, this form must be completed. I further understand that computer access activity is subject to audit or monitoring.

My signature below indicates I have read this agreement, understand its terms, and agree to abide by both this agreement and the Medical Center policies concerning the security and privacy of confidential information.

Signature

Date

Print Name

Company Name

Study IRB Number

Assigned User Name