



ACKNOWLEDGEMENT OF CONFIDENTIALITY

I understand that:

- All Maricopa Integrated Health System (MIHS) records are strictly confidential.
- The privacy of patients cared for within the health system must be assured, particularly those patients who are employees of MIHS.
- I must abide by the ethics code of my profession, MIHS Policy #01305 S, Confidentiality/Workforce Member Confidentiality Agreement, the MIHS Standards of Conduct, and the laws of the State of Arizona.
- I will adhere to all data security requirements contained in MIHS Policy #79750 S - MIHS Network Usage Policy.
- Any system identification code given to me is equivalent to my signature.
- Any system information I encounter in the execution of my duties is the property of MIHS and will be held in the strictest of confidence.

I agree:

- To respect every patient's right to privacy and not seek information about a patient unless I am involved in the patient's care.
- Not read or ask about the contents of any medical record unless it is directly applicable to my job or duties.
- To protect the confidentiality of all medical records, whether accessed on-site or off-site, and to use and disclose protected health information only in accordance with MIHS HIPAA policies and procedures.
- Not to repeat or share any information about a patient that I might see or overhear while at MIHS.

Furthermore, I agree:

- Not to read or ask about the contents of MIHS Administrative, personnel, peer review or credentialing records unless it is directly applicable to my duties and responsibilities.
- Not to disclose or reveal the contents of any MIHS Administrative, personnel peer review or credentialing record to anyone who is not directly involved in working with the record unless I have written authorization.
- Not to read or share any non-public, MIHS information that I might see or overhear while at MIHS.

In addition, I agree:

- I will not disclose my unique identification code and/or password to anyone, including my coworkers, supervisor or persons outside of the Health System. Likewise, I will not request others to share their unique identification code or password with me.
- I will **only** access MIHS systems using my unique identification code. I will not use or attempt to use another person's unique identification code, nor will I allow others to use my unique identification code.
- I will not attempt to access any information that is not directly required to fulfill my duties and responsibilities.
- If I suspect my security has been compromised, I will notify MIHS Information Technology immediately.

I understand that any breach of the MIHS Policy #01305 S, or my failure to comply with the items listed above could result in disciplinary action up to and including termination of duties, employment, rotation, visit, volunteer status and/or revocation of privileges at MIHS.

Signature

Date

Employee Name (Please Print)

Department