

## Student/Interns/Trainee Confidentiality Agreement

Children's Hospital and Regional Medical Center has a legal and ethical responsibility to protect the confidentiality of its patients and their health information. I understand that in performing services for Children's, I may have access to patient health information and other confidential business information as necessary to carry out my contractual responsibilities and that I must hold all such information in the strictest confidence. I agree as follows:

### *Patient Health Information*

- I will abide by the standards for use and disclosure of patient health information as set forth in Children's policies and applicable law.
- I will access and use patient health information only for purposes directly related to my contractual responsibilities at Children's and then only to the extent necessary to perform such responsibilities.
- I will not release or disclose patient health information unless required by my contractual responsibilities and then only in accordance with Children's policies and applicable law.
- When I must discuss or otherwise share patient health information in the course of my work, I will use discretion to ensure that I share that information only with those who have a need to know it to perform their duties and only to the extent necessary for them to do so.
- I will abide by Children's policies regarding safe handling, retention, and disposal of confidential information.

### *Confidential Business Information*

- I will abide by the standards for use and disclosure of confidential business information as set forth in Children's policies.
- I will maintain in confidence proprietary or confidential business information of any nature provided to me relating to Children's, and I will use such information only as specifically permitted or required by my contractual responsibilities.

### *Computer & Network Security*

- I will abide by computer and network security standards set forth in Children's policies and applicable law.
- I will maintain the security of all accounts and passwords I use in connection with Children's computers and information system network.
- I will maintain in confidence third party proprietary or confidential information.
- I understand that my use of Children's computer system may be monitored to assure appropriate access and use of patient health information, confidential business information, and the Internet.

### *Research*

- I will comply with any requirements of the Institutional Review Board concerning data collected as part of any research activity.

I understand that policies relating to patient health information, confidential business information, and computer and network security can be found on Children's Policies and Procedures website on CHILD.

**I understand that my violation of this Confidentiality Agreement may be grounds for immediate termination of my contractual relationship with Children's and that Children's may take legal action to enforce the terms of this Agreement in the event of a violation.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Badge Number: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_