CONFIDENTIALITY ACKNOWLEDGEMENT

Check One:  □ Employee       □ Contract Personnel (e.g. Registry)
□ Physician       □ Physician Office Staff
□ Student       □ Instructor
□ Vendor       □ Other ______________________

I understand that during the course of my activities at Citrus Valley Health Partners (CVHP), I have access to information that is confidential and may not be disclosed except as permitted or required by law and by CVHP policies and procedures.

Confidential information includes, but is not limited to the following:

1. Medical and other personal information about patients.

2. Medical and other personal information about staff members.

3. Medical Staff records and committee proceedings.

4. Reports, systems, policies and procedures, marketing or financial information and other information related to the business or services of CVHP or any associated entities or affiliates.

5. Confidential information may be stored in a variety of formats including, but not limited to, regular paper records, microfilm, computer disks and flash drives. Information that was formerly stored in paper files is now regularly communicated through electronic means both inside and outside the CVHP premises. The manner in which information is stored does not change the fact that it is confidential and may not be reviewed by any person or disclosed to any person in any manner which is inconsistent with applicable laws and the policies and procedures of CVHP and the Medical Staff.

If I have any questions concerning the confidentiality or disclosure of information, I understand that I should contact my director, instructor, supervisor, or CVHP Privacy Director.

By signing this Confidentiality Acknowledgment, I agree that:

1. I am obligated to hold confidential information in the strictest confidence and not to disclose the information to any person or in any manner that is inconsistent with applicable law and applicable policies and procedures of CVHP. I acknowledge that I may not review any confidential record of a friend, relative, staff member or any other person unless I am required to do so as part of my official duties. I further acknowledge that I may not review my own medical record unless a signed authorization is on file with the Medical Records Department.

2. Because of the special confidentiality problems associated with the use of computer disks and electronic transmissions, I understand that disclosure of my password(s) or PIN, or use of another person’s password(s) or PIN is a breach of my confidentiality obligation. I understand that I will be held jointly responsible for any breach of confidentiality or damage caused to information systems and/or programs, caused by my improper

rev. 01-2016
disclosure of my password(s) or PIN. I understand that it is a breach of my confidentiality obligation to leave my computer terminal for any reason, without first logging off the computer. Furthermore, I understand that CVHP has adopted computer programs that record incidents of access for later analysis. If these reveal an unusual or inappropriate pattern by a user, I understand that the organization will investigate and take appropriate corrective action.

3. I will not discuss confidential information of any type in the proximity of any individual who does not have the right to know. This includes, but is not limited to, conversations on elevators, in public areas such as hallways, lobby, cafeterias or conversations with co-workers while transporting or treating patients.

4. As part of my confidentiality obligation, I have an affirmative duty to report to my supervisor, Human Resources, or the Medical Staff office, any breach of confidentiality that comes to my attention.

5. My confidentiality obligation shall continue indefinitely, including after my association with CVHP has ended.

6. Failure to comply with my confidentiality obligation may result in corrective action in accordance with CVHP’s procedures, up to and including termination of my relationship with CVHP. If I am a member of the Citrus Valley Medical Center or Foothill Presbyterian Hospital’s Medical Staff, failure to comply with my confidentiality obligation will be referred to the respective Medical Staff Peer Review process.

7. I have read and understand this Confidentiality Acknowledgement. I understand that this Confidentiality Acknowledgement is binding upon me in my relationship with CVHP.

Signature: ________________________________ Date: ______________________________

Name: ________________________________

Title: ________________________________

Company (if applicable): ________________________________

School (if applicable): ________________________________

Office/Practice Name (if applicable): ________________________________

Please send completed form to the CVHP Helpdesk.
Fax: 626-813-2950 Attn: Helpdesk
Email: is.helpdesk@mail.cvhp.org
Phone: 626-813-4989