



PRIVACY, CONFIDENTIALITY AND SECURITY OF INFORMATION POLICY STATEMENT:

It is the legal and ethical responsibility of all Pomona Valley Hospital Medical Center (PVHMC) Associates and contractors to use, protect and preserve personal and confidential patient, associate and hospital business information in accordance with state and federal laws and hospital policy.

The following laws establish protections to preserve the confidentiality of various medical and personal information and specify that such information may not be disclosed except as authorized by law or the patient or individual.

Federal Health Insurance Portability and Accountability Act of 1996 (HIPAA)
The California Information Practice Act (IPA)
The California Confidentiality of Medical Information Act (CMIA)
The Lanterman-Petris-Short Act (LPS)
California laws AB211 and SB541

These and other laws apply whether the information is held in electronic or any other format, and whether the information is used or disclosed orally, in writing or electronically.

Unauthorized use, disclosure, or viewing of, or access to, confidential information in violation of state and/or federal laws may result in personal fines, civil liability, licensure sanctions and/or criminal sanctions, in addition to hospital disciplinary actions.

Acknowledgement of Responsibility

I understand and acknowledge that:

1. I agree as an authorized user to preserve and protect the privacy, confidentiality and security of all confidential information relating to PVHMC, its patients, its associates, and business partners, at all times, both during and after my employment with the hospital has terminated.
2. I will access, use or disclose confidential information only in the performance of my hospital duties, when required or permitted by law. I will disclose information only to persons who have a right to receive the information. When using or disclosing confidential information, I will use or disclose only the minimum information necessary.
3. I understand that my access to all hospital electronic information systems is subject to **audit**.
4. It is my responsibility to follow safe computing guidelines. I agree not to share my Login or User Name and/or password with any other person. My User Name constitutes my signature and I will be responsible for all entries made under my User Name.
5. I am responsible for any potential breach of confidentiality resulting from access using my Login or User Name and password. If I believe someone else has used my Login or User Name and/or password, I will immediately report the unauthorized use to the Information Services Help Desk and request a new password.
6. Inappropriate access and/or unauthorized release of Protected Health Information (PHI) will result in disciplinary action, up to and including termination of employment. Also, California law **mandates reporting** unauthorized access or disclosure to the patient and the State of California Department of Public Health within 5 days of detection.
7. The Office of Health Information Integrity may levy penalties to individuals and providers of healthcare of **\$2,500 - \$25,000 per violation** and the incident may be reported to the individual's licensing board.

Print Name _____

Signature _____

College/University _____

Date _____