**{Insert Organization}**

**Employee Confidentiality Agreement**

I understand that during the course of my employment I may have access to confidential information including that related to patients, personnel, and proprietary business matters (collectively referred to as “Confidential Information”). As an employee of [business name] (the “Facility”), I am legally obligated to safeguard this information. Examples of Confidential Information include individually identifiable health information, chart notes, treatment histories, personnel records, and business information including technology, methods, techniques, processes, computer programs, methods of operation, and information about potential patients, customers, or suppliers.

As a condition of my employment/shadowing, I understand that I must sign and comply with this Agreement.

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

1. I will use and disclose Confidential Information only when the use or disclosure complies with applicable law, Practice’s policies, and is required for the performance of my job.
2. I understand that my user identification code(s), password(s), access key(s)/code(s), or other unique identifier(s) used to access company facilities, computer systems or other equipment are the equivalent of my signature and that I am responsible for all entries and actions recorded under them. I will not share my individual identification code(s), password(s), access key(s)/code(s), or other unique identifier(s) with another person and I will not use another person’s identification code(s), password(s), access key(s)/code(s), or other unique identifier(s).
3. I will immediately report to my supervisor any malfunctioning or lost identification code(s), password(s), access key(s)/code(s), or other unique identifier.
4. I will immediately report to my supervisor if I have reason to believe that someone else is using my identification code(s), password(s), or access key(s)/code(s)
5. I will only access Confidential Information that is required to perform the duties of my position. I will not share information with co-workers that is not required to perform the duties of his/her position.
6. I will not discuss Confidential Information with any non-employees of facilities, friends, or family members. All conversations of a confidential nature, to the maximum extent possible, will not be discussed in areas where unauthorized individuals may hear them even if I do not name the patient or facility.
7. I will not disclose confidential information about the care or treatment of a patient at facilities without proper written consent or authorization of the patient (or patient’s guardian).
8. I will not remove any Confidential Information from facility without proper authorization.

1. I understand that my access to Confidential Information at facility may be monitored and/or audited by facility or its designees.
2. I understand that I am responsible for logging off any computer or terminal prior to leaving it unattended.
3. I will attend all privacy and security training sessions required by facility.
4. I will immediately report to my supervisor any activity, by any person, including myself, that is a violation of this Agreement or any other facility confidentiality policy.
5. Upon termination of my employment with facility, I will immediately return all confidential information as well as any documents, media, keys, pass-cards, identification badges and other facility property (including all copies thereof) in my possession or control.
6. I agree that my obligations under this Agreement will continue after termination of my employment facility.
7. I understand that violation of this Agreement may result in disciplinary action, up to and including termination, as well as potential personal civil and criminal legal penalties.
8. I understand that any Confidential Information that I access, create or view at Practice does not belong to me.

Any violations or fines charged to facility due to violations committed by me will be my personal responsibility.

I have read the above Agreement and agree to comply with all its terms and any other policies related to confidentiality as a condition of continuing employment. I understand that this agreement does not create a contract for employment between facility and myself.

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Employee Signature Date

*Original to be filed in employee’s personnel record; copy to be provided to employee upon request*.