



Springfield Hospital

Where People Come First

Confidentiality Agreement Medical Staff – Employee – Contractor - Student – Volunteer

I recognize and acknowledge:

That the services this health care facility performs for its patients are confidential and that to enable the facility to perform those services, patients furnish confidential information concerning their affairs; that the good will of this health care facility depends, among other things, upon keeping such services and information confidential; and that by reason of my duties as a medical staff member, an employee, contractor, student, or volunteer of Springfield Hospital, I may come into possession of such information even though I do or do not take any direct part in or furnish the services myself.

I agree:

Other than provided for in the Springfield Hospital Confidentiality Policy, I will **NOT**, at any time during or after my employment by or association with Springfield Hospital disclose any information about services or information to any person whatsoever or permit any person whatsoever to examine or make copies of any medical records, portions of medical records or other privileged information, prepared by me or coming into my possession or under my control. I further agree that I will not ask others' information about patients unless I have the **need** and the **right** to know.

I understand:

That unauthorized disclosure of such information by me may violate state and/or federal laws and cause irreparable harm to the patient or Springfield Hospital, and that the unauthorized release of information will result in disciplinary action against me up to and including termination or employment or service agreement. I also understand that to even mention outside of my job responsibilities, that I have seen someone in the hospital or office setting is a breach of patient confidentiality. I further understand that all personnel are responsible for enforcing this policy. If I know of anyone or suspect anyone of violating this policy or any departmental policies that may apply, I must take action by speaking to the person(s) involved and/or notifying my supervisor at once.

I recognize and acknowledge:

That the information contained in the electronic or written medical record can **ONLY** be released by the patient or his/her legal guardian, that the medical record

is the property of this health care facility; and that no **ORIGINAL** medical record or portions of a medical record shall be removed from this facility for any reason other than an approved legal or business reason. All **Release of Health Information** requests are processed through the Medical Records in Springfield Hospital or under the guidelines of the Medical Records Department.

I recognize and acknowledge:

That Federal Confidentiality Regulations govern re-disclosure of patient-specific information and that a person convicted of unauthorized disclosure could be fined, be imprisoned or both and would be liable for the costs of prosecution.

I, _____ MEDICAL STAFF, EMPLOYEE, CONTRACTOR, STUDENT, VOLUNTEER (please circle one), have read the confidentiality policy and understand all the above terms and conditions of this agreement.

Signature of Medical Staff, Employee, Contractor, Student, Volunteer

Date

Witness

Date

This Confidentiality Agreement is not an employment agreement and as such does not promise employment or continued employment. Additionally, the Employment-At-Will doctrine remains in effect for all employees.