

Montgomery County Memorial Hospital Confidentiality Acknowledgment

I understand that I am responsible for protecting the privacy and security of information relating to patients, employees, medical staff, and hospital for clinic affairs in any form, whether it is spoken, written, or electronic. In doing so, I pledge the following as a condition of my employment at Montgomery County Memorial Hospital:

- If required for the performance of my job duties, I will access and use confidential information, but only in the minimum amount necessary.
- I will not be curious or disregard the privacy of our patients in any way, whether on the job or off, nor will I disclose patient or other protected information to anyone who does not have a right to that information under the law.
- I will keep my computer password secret and give it to no one. Neither will I allow anyone to use my security identification badge.
- I am accountable for all online activity associated with my ID, including e-mail and Internet use; all of which can be monitored and is subject to audit.
- I will immediately report any unusual activity or suspicious behavior that could threaten the confidentiality, integrity, or availability of protected information.
- I understand that for violating privacy and security policies, or for failing to report violations, I will be subject to disciplinary action including termination of employment or association with MCMH, that I may be reported to licensing or regulatory agencies, law enforcement officials, and be subject to civil and/or criminal penalties.
- I certify that I have received and read this Confidentiality Acknowledgment; I have received training in privacy and security of information; and I will abide by the requirements set forth in MCMH privacy and security policies to respect and maintain the privacy, integrity, and security of protected information.

Name: _____

Employee ID: _____

Department: _____

Date: _____

Signature of person making pledge: _____