



HIPAA CONFIDENTIALITY & INFORMATION ACCESS AGREEMENT

FAX: 505-913-6955

As contracted agent, volunteer or other staff member with privileges at St. Vincent Hospital (SVH), you may have access to confidential information, either through a computer system or other employment activities.

Confidential information is strictly protected by law and by SVH policies. You are required to conduct yourself in conformance to applicable laws and SVH policies governing confidential information to assure the confidentiality and privacy of such information and that this access will be used only as necessary to accomplish the organization’s mission or as required by law.

As a contracted agent /employee/volunteer/student, I understand that I will have access to confidential information that may include, but is not limited to, information relating to: Patients, staff members, physicians, SVHS proprietary business information, or third parties (computer, client, or vendor information).

As a condition and in consideration of access to such information, I agree to:

- adhere to all rules or policies and procedures adopted by SVH in compliance with state and federal regulations governing use or security of any such information in any form and utilize information to perform legitimate duties on behalf of SVH, including only accessing confidential information for which there is a need to know;
- not divulge, copy, release, sell or use for personal benefit, loan, review, identification, nor to remove, alter or destroy any confidential information except as properly authorized within the scope of professional activities affiliated with SVH;
- not divulge any information and disclose information only to those authorized to receive it and prevent unauthorized use of any such information;
- not knowingly include or cause to be included in any record or report a false, inaccurate, or misleading entry.

With regard to passwords or other access authorizations provided, to not: release my password, authentication code or device to anyone else, allow access under my identity; utilize anyone else’s authentication code or device in order to access any SVH system; and to accept responsibility for all activities using my password or code.

With regard to computer systems and software, to: follow all SVH policies and procedures regarding computer and software use, and use of the SVH computer network.

Further, I understand that:

- Access to systems and activities may be monitored for audit trail purposes as required by law.
- My obligations under this Agreement will continue after termination of my employment. I understand that these computer and information access privileges are subject to periodic review, revision, and renewal.
- Violations of this policy by any individual or entity should be reported to the manager in charge or to the Information Systems Security Administrator. Reports made in good faith about suspect activities will be held in confidence to the extent permitted by law, including the name of the individual reporting the activities.
- Violations of the terms of this Agreement may subject me to legal penalties and/or disciplinary action, up to and including termination of employment, under policies of SVH and under laws of the State of New Mexico or the United States of America to the extent applicable.

By signing this, I agree that I have read, understand and will comply with the Agreement.

Signature: *required* _____

Date: *required* _____

Printed Name: *required* _____

Employee ID #: *required* _____

Job Title / Department: *required* _____

Phone: *required* _____