



Statement of Confidentiality

Southwest Washington Medical Center is committed to maintaining confidentiality and security of information in accordance with professional healthcare ethics, guidelines established by regulatory agencies, and applicable federal and state laws.

As a member of our workforce, you may have access to, or work with, information considered confidential regarding patients and their families, employees, medical staff, students, volunteers, or SWMC's Board of Trustees. You must be aware of and honor SWMC's commitments as stated in our Patient's Bill of Rights, our Notice of Privacy Practices and our policies and procedures that address confidentiality and security of information. (See reverse for a listing of related policies)



Honoring our patients' right to confidentiality is our ongoing commitment. Thank you for meeting this goal

Confidentiality Agreement

1. It is my responsibility and duty to hold in confidence all medical, financial and any other patient information, except as necessarily transmitted to healthcare personnel involved in the care of the patient and except as authorized.
2. I will access confidential and protected health information only as needed to provide patient care and do my job.
3. I will protect patient's health information by securing my workstation, medical records, conversations, and by document shredding.
4. I will not share my access codes or passwords or use those of others.
5. I understand that my use of SWMC Information Systems may be audited.
6. I understand that all other access, disclosure, modification or disposal of confidential information is strictly prohibited.
7. Violation of confidentiality shall be cause for disciplinary action up to and including termination.
8. Upon termination of my role or responsibility I shall appropriately store or dispose of all confidential and proprietary information.

SWMC retains full ownership, rights and title to all confidential and proprietary information.

I have read and understand this agreement as well as my responsibilities and obligations. By signing below, I acknowledge my adherence to these terms and conditions.

Please print name	Signature	Date
-------------------	-----------	------