



Confidentiality Acknowledgement

As a Workforce Member (i.e., employee, agency staff, contracted staff, medical staff, student, volunteer or otherwise under the direct control of CNE), a Business Associate (any person functioning on behalf of CNE who receives protected health information) consultant, contractor or vendor I may create, access or use patient protected health information (“PHI”) or business information (ex: employee, financial, planning, strategic , competitive information) collectively “confidential information” of Care New England, which includes all hospitals, entities or direct or indirect subsidiaries (“CNE”). **I understand that I can only: create access or use confidential information in order to do my job; and share confidential information with individuals authorized to receive that information.** In addition;

1. I will not use my CNE login credentials to access my own electronic medical record or that of a family, friend, or neighbor when there is not a valid, business reason for treatment, payment or healthcare operations.
2. I will only access and disclose the minimum amount of patient information necessary to perform my assigned duties.
3. I will not discuss patient information within hearing distance of people who do not have the right to receive the information.
4. I will not take, remove or otherwise transport confidential information records from a CNE facility without obtaining prior approval from my supervisor and securing it against loss, damage and disclosure.
5. I will not share or disclose my user identification, security code and/or password to anyone.
6. I am responsible for all access made under my user identification. I will not write down passwords, identification or security codes in a way that would make them accessible to other individuals. I will immediately notify CNE Security Officer if I think that my identification, security code or password has become known to someone else or has been lost or stolen.
7. I will not use another person’s identification, security code or password.
8. I will log off of, or suspend my network session when I leave a workstation.
9. I will report breaches of confidentiality to the CNE Compliance & Privacy Officer or an appropriate department manager. I understand that failure to report breaches is an ethical violation and may subject me to disciplinary action.
10. I will immediately report any physical, environmental, or information system related threat that may keep CNE personnel from being able to access CNE data or that may otherwise threaten the confidentiality, integrity, or availability of that data whether stored in electronic format or otherwise.

I understand that violation of this Confidentiality Acknowledgement is grounds for disciplinary action, up to and including termination of employment for a Workforce Member and grounds for termination of the contractual relationship or other terms of affiliation for Business Associate, consultant, contractor or vendor. Unauthorized access, use or disclosure of confidential information may also have personal, civil, and/or criminal liabilities and legal penalties attached.

By signing below, I attest that, I have read and understand this acknowledgement;

Signature: _____ Printed Name: _____

Department/Affiliation: _____ Date: _____

Witness Signature: _____ Date: _____