

UK Health Care Confidentiality Agreement for Computer Use

Applicant's Name _____ UKID: _____
(Please print. First, Middle Initial, Last)

I agree to keep patient information confidential by observing the following:

1. I will protect my password from use or theft by others.
2. I will sign off the system when I leave the workstation and not allow others to use my access.
3. I will only look up information on patients for whom I have direct responsibility. I will not look up my own medical information on the computer.
4. I will share patient information only with people who have a right to access the information in order to perform their job function.
5. When sharing information with people who have a right to access the information in order to perform their job function, I will ensure that I am in a private setting where others cannot hear or see the confidential information.
6. I will follow all University, Medical Center, Hospital and department rules of conduct whenever I use e-mail.
7. I will password protect any personal digital assistant device that contains patient (or confidential) information.
8. I will not disseminate confidential patient information from my home computer without appropriate authorization for release of information.
9. I will dispose of confidential information properly in accordance with all applicable policies.
10. I understand that audits will be perform on computer usage to ensure compliance with all computer related policies and this confidential agreement.
11. I will follow other specific confidentiality rules for special situations. When departments have standards more stringent than this statement, I will abide by their standards.
12. I understand that my employer has the right to take disciplinary action up to and including termination of my employment for breaches of confidentiality.

Signature

Date

This form is kept on file with UK Health Care Information System Security.
FAX: 859.257.7848 Office: 859.257.7879