



SECURITY AND CONFIDENTIALITY STATEMENT

Non-Employee/Instructor/Student - Documentation Packet A

Name: _____

Affiliation: Floyd Employee Volunteer Student Agency Vendor/Contractor

Name of school, agency, company: _____

Floyd policy states that all patient, personnel and organizational information from any source and in any form, including paper records, oral communications, audio recordings, and electron displays, is strictly confidential. Access to confidential patient and personnel information is permitted only on a need-to-know basis within the confines of your responsibilities as an employee or affiliate of Floyd. Examples of permissible access to private patient and employee information includes but is not limited to: development, use, or maintenance of patient records for patient care, quality improvement, peer review, education, billing, reimbursement, administration, and research, or personnel records for employment, payroll, or other business purposes. It is the policy of Floyd that all employees and affiliates will respect and preserve the privacy and confidentiality of patient and personnel information.

As an employee or affiliate of Floyd, and as a condition of my employment or affiliation, I agree to the following:

1. I have been provided with education explaining the HIPAA Privacy and Security Rules and understand that I am responsible for complying with these rules.
2. I understand that it is my legal and ethical responsibility to maintain the confidentiality of all patient medical records, employee information, financial information, proprietary information, confidential information used in research, and other confidential information arising from or pertaining to Floyd.
3. I will treat as confidential and privileged information all patient and employee information that I receive, either formally or informally, during the course of my employment with Floyd.
4. I will not access patient or employee information unless my job responsibilities require such access.
5. I will not disclose information regarding Floyd patients or employees to any person or entity, other than as necessary to perform my job, or as may be required by law.
6. I agree to discuss confidential information only in the work place as appropriate, and only for job related purposes, and to refrain from discussing this information outside of the work place or within the hearing of other people who do not have a need to know about the information.
7. I understand that any and all references to HIV testing, such as any clinical test, laboratory or otherwise used to identify HIV, a component of HIV, or antibodies or antigens to HIV are specially protected and that unauthorized disclosure may make me subject to legal action and/or disciplinary action.
8. I understand that the law specifically protects psychiatric and drug abuse records, and that unauthorized release of such information may make me subject to legal action and/or disciplinary action.

9. I will not log on to any of Floyd's computer systems that currently exist or may exist in the future using a password other than my own.
10. I will safeguard all of my passwords and will not post them in any place where they can easily be seen or lost.
11. I will not allow anyone, including other employees or affiliates, to use my password to log in to any of the electronic applications, I have access to.
12. I will notify my supervisor, sponsor, or Floyd's Privacy Officer if I believe my password has been compromised.
13. I will not leave my personal computer unattended if confidential information can be accessed (i.e., I will log off, use a password protected screen saver, etc).
14. I understand that my access to all electronic systems is audited regularly, and that any inappropriate access to information may make me subject to legal and/or disciplinary action.
15. I will not send by e-mail or any other electronic means, patient or employee information unless I am in compliance with Floyd's Electronic Data Transmission policy.
16. Upon cessation of my employment or affiliation with Floyd I agree to continue to maintain the confidentiality of any patient and employee information I learned while an employee or affiliate and agree to turn over any keys, access cards, computers, or any other device that would provide access to Floyd or its information.
17. I understand that if I fail to comply with Floyd's Privacy Policy I will be subject to disciplinary actions up to and including corrective action, or termination of employment or affiliation in accordance with applicable Floyd policy. In addition, I may be subject to applicable civil or criminal penalties or imprisonment imposed by any State or Federal Government Agency that has jurisdiction over such issues.

I acknowledge that I have read and understand the above statements and agree to comply. I have discussed any concerns with my supervisor or sponsor and have had all of my questions answered.

Signature

Date

**FLOYD MEDICAL CENTER
CODE OF CONDUCT**

As a provider of quality health care services, Floyd Medical Center must at all times maintain the highest possible standards of service and efficiency in meeting the needs of our patients and customers. Patient comfort, confidentiality, and care must always be of the utmost concern. All employees, including contract and temporary, are integral members of the FMC team. As members of professional team, employees are expected to take their work seriously and conduct themselves in a dignified manner that is respectful to patients, their families, visitors, physicians, and certainly our co-workers.

Persons whose behavior is determined inappropriate may be asked to leave the premises.

PERSONAL APPEARANCE AND DRESS

Discretion in style of dress is essential to the efficient operation of Floyd Medical Center. Employees and other representatives of the organization are, therefore, required to dress in business attire that is appropriate for the operating unit. Excessive jewelry or perfume as well as clothing that is extreme or in poor taste should be avoided. Please use good judgement in your choice of work clothes and accessories that best represents you and the organization.

Women will be expected to wear dresses or blouses and skirts/slacks. Men will be expected to wear shirts and slacks and ties when appropriate. Questions regarding appropriateness of an article of clothing should be directed to a member of management.

Signature

Date