



CONFIDENTIALITY AGREEMENT

Security and confidentiality is a matter of concern for all persons who may come in contact with sensitive information. Each person who may come in contact with sensitive information (verbal, written or electronic) holds a position of trust relative to this information and must recognize the responsibilities entrusted in preserving the security and confidentiality of this information. The following specific principles are applicable to all Southern Illinois Healthcare (SIH) workforce, including but not limited to students, volunteers, and employees regardless of their classification.

I understand:

- **Sensitive Information** is information which if improperly disclosed could cause damage to the reputation, privacy, image and/or financial viability of the patient, medical staff, employees, board of trustees and/or SIH. Sensitive information includes, but is not limited to: all individually identifiable health information; anything marked or stated as confidential, employee information, financial information, guarded operational information, marketing and general business strategies, patient billing information, physician information and proprietary products and product development.
- that sensitive information should only be disclosed to those authorized to receive it.
- that any misuse or disclosure of sensitive information or permitting improper computer access to any unauthorized party may result in irreparable harm to SIH, its affiliates or patients, and may result in revocation of my access privileges and/or termination of my employment/relationship in accordance to the policies of SIH. I further understand that these activities may also be reportable to local, state and federal authorities for investigation and possible prosecution.
- that my obligations under this Agreement will continue after termination of my employment/relationship.

I will:

- respect the rules governing the use of any sensitive information and only utilize information necessary to fulfill my responsibilities (e.g., work assignment) to SIH. I understand that access, use, or disclosure of sensitive information for any other purpose is prohibited.
- prevent unauthorized use of and/or access to sensitive information including myself as a workforce member of SIH accessing/obtaining my own PHI and/or the PHI of a family member .
- not seek personal benefit or permit others to benefit personally from sensitive information or use of equipment available through my employment/relationship with SIH.
- not exhibit or divulge the contents of any sensitive information except to fulfill a work assignment.
- not discuss sensitive information in public areas, such as the cafeteria, hallways, or elevators, within the hearing of persons not entitled to hear the information.
- not remove any sensitive information, in any form, from the premises of SIH facilities where it is kept except in the performance of my job duties. If I am authorized to remove sensitive information from the premises of SIH for the performance of my job duties, I will agree to safeguard the information and/or the storage media to prevent unauthorized access.
- report any violations, intentional, unintentional and/or suspected to the appropriate SIH authority.
- not copy or store sensitive information on personal storage media, such as but not limited to my personal computer, personal digital assistant, or other optical or magnetic media or devices not owned by SIH.
- handle, store and dispose of sensitive information appropriately (e.g. shredding, degaussing).

By signing this, I agree that I have read and agree to comply with Southern Illinois Healthcare Confidentiality of Sensitive Information policy (SY-IT-001) and this Agreement.

Name (print)

Date

Facility and department SIH

Employee Number or last 4 digits SS # (non SIH employees)

Signature