



OKLAHOMA STATE UNIVERSITY CENTER FOR HEALTH SCIENCES

717 South Houston, Suite 510

Tulsa, OK 74127

918-586-4561

CONFIDENTIALITY AGREEMENT

I understand that OSU Center for Health Sciences has a legal and ethical responsibility to maintain patient privacy, including obligations to protect the confidentiality of patient information and to safeguard the privacy of patient information.

In addition, I understand that during the course of my employment/assignment/affiliation at the OSU Center for Health Sciences, I may see or hear other Confidential Information, such as financial data and operational information pertaining to the practice that OSU Center for Health Sciences is obligated to maintain as confidential.

As a condition of my employment/assignment/affiliation with OSU Center for Health Sciences, I understand that I must sign and comply with this Agreement.

By signing this document I understand and agree that:

- I will disclose Patient Information and/or Confidential Information only if such disclosure complies with OSU Center for Health Sciences policies and Federal and State Law, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and is required for the performance of my job.
- My personal access code(s), user ID(s), access key(s), and password(s) used to access computer systems or other equipment are to be kept confidential at all times, and access may not be shared with others. I understand that I am responsible for all activity performed in the account(s) under my access.
- I will not access or view any information other than what is required to do my job, including my personal health information (PHI) or that of family members or friends. If I have any questions about whether access to certain information is required of me to do my job, I will immediately ask my supervisor for clarification.
- I understand that my access will be tracked and may be monitored at any time, including any information displayed on the monitor and any keystroke activity, during any active or completed session, with or without notice.
- I will not discuss any information pertaining to the practice in an area where unauthorized individuals may hear such information (for example, in hallways, with family members, on elevators, in the cafeteria, on public transportation, at restaurants, and at social events). I understand that it is not acceptable to discuss any Practice information in public areas even if specifics such as a patient's name are not used. This includes using Confidential Information in presentations, reports, or publications of any kind.
- I will not make inquiries about any Practice Information from any individual or party who does not have proper authorization to access such information.
- I will not make any unauthorized transmissions, copies, disclosures, inquiries, modifications, or purging of Patient Information or Confidential Information, including patient schedules, medical records, or similar documents. Such unauthorized transmissions include, but are not limited to, removing and/or transferring Patient Information or Confidential Information from OSU Center for Health Sciences computer systems to unauthorized locations.
- Upon termination of my employment/assignment/affiliation with OSU Center for Health Sciences, I will immediately return all property (e.g. keys, documents, ID badges, etc.) to the OSU Center for Health Sciences.

- I agree that my obligation under this Agreement regarding Patient Information will continue after the termination of my employment/assignment/affiliation with OSU Center for Health Sciences.
- I understand that violation of the Agreement may result in disciplinary action, up to and including termination of my employment/assignment/affiliation with OSU Center for Health Sciences, and/or suspension, restriction or loss of privileges, in accordance with OSU Center for Health Sciences policies, as well as potential personal civil and criminal legal penalties.
- I understand that any Confidential Information or Patient Information that I access or view at OSU Center for Health Sciences does not belong to me.
- I understand that the Oklahoma Legislature has passed a resolution prohibiting the acquisition, storage, and/or distribution of obscene material via state-owned computers or computer systems and OSU Center for Health Sciences supports this resolution. I have read the above Agreement and agree to comply with all its terms as a condition of continuing employment/assignment/affiliation. I acknowledge that it is my responsibility to protect the privacy and security of electronic protected health information (ePHI) by following OSU Center for Health Sciences policies and procedures and utilizing computer systems in an appropriate manner.

Signature of Employee/Student/Volunteer/Affiliate

Date

Print Your Name

Signature of Witness

Date

Printed Name of Witness