



Confidentiality and Security Agreement

Bon Secours Health System, Inc. (Bon Secours) has a legal and ethical responsibility to safeguard the privacy of all patients, residents, and clients and to protect the confidentiality of their personal health information. Additionally, Bon Secours must protect the confidentiality of organizational information that may include, but is not limited to, human resources, payroll, fiscal, research, internal reporting, strategic planning, communications, computer systems, and management information from any source or in any form including, without limitation, paper, magnetic or optical media, conversations, electronic, and film. For the purpose of this Agreement, all such information is referred to as "Sensitive Data." In the course of my employment / association / affiliation with Bon Secours, I understand that I may have access and / or exposure to Sensitive Data.

I UNDERSTAND AND HEREBY AGREE THAT:

1. I will access and / or use Bon Secours' Sensitive Data only as necessary to perform my job-related duties and in accordance with Bon Secours' policies and procedures.
2. My User-ID and password are confidential, and in certain circumstances may be equivalent to my **LEGAL SIGNATURE**, and I will not disclose them to anyone. I understand that I am responsible and accountable for all entries made and all information accessed under my User-ID.
3. Violation of this Agreement may result in disciplinary action, up to and including civil or criminal action, termination of employment / affiliation / association with Bon Secours, and suspension and / or loss of medical staff privileges in accordance with Bon Secours' policies.
4. I will not copy, release, sell, loan, alter, or destroy any Sensitive Data except as properly authorized by law or Bon Secours policy.
5. I will not discuss Sensitive Data so that it can be overheard by unauthorized persons. It is not acceptable to discuss information that can identify a patient in a public area even if the patient's name is not used.
6. I will only access and / or use systems or devices I am authorized to access / use, and will not demonstrate the operation or function of systems or devices to unauthorized individuals.
7. I have no expectation of privacy when using Bon Secours' information systems. Bon Secours has the right to log, access, review, and otherwise use information stored on or passing through its systems, including e-mail.
8. I will never connect to unauthorized networks through Bon Secours' systems or devices.
9. I will practice secure electronic communications by transmitting Sensitive Data in accordance with approved Bon Secours security standards.
10. I will practice good workstation security measures such as never leaving a terminal unattended while logged in to an application, locking up removable media when not in use, using screen savers with activated passwords appropriately, and positioning screens away from public view.
11. I will:
 - a. Use only my assigned User-ID and password.
 - b. Use only approved licensed software.
 - c. Use a device with virus protection software.
 - d. Not attempt to learn or use another's User-ID and password.
12. Upon termination of my employment / affiliation / association with Bon Secours, I will immediately return or destroy, as appropriate, any Sensitive Data in my possession.
13. I will disclose Sensitive Data only to authorized individuals with a need to know that information in connection with the performance of their job function or professional duties.
14. Unauthorized or improper use of Bon Secours' information systems and / or Sensitive Data, is strictly prohibited and may not be covered by Bon Secours' insurance or my personal professional malpractice insurance. **Any such violation may subject me to personal liability as well as sanctions for violation of state and federal law.**
15. I will notify my manager, Privacy Officer, IT Security Lead, Bon Secours Security Administrator, or other appropriate Information Services personnel if my password has been seen, disclosed, or otherwise compromised.
16. My obligations under this Agreement will continue after termination of my employment / affiliation / association with Bon Secours.



By signing this document, I acknowledge that I have read this Agreement, and I agree to comply with all the terms and conditions stated above.

Signature _____ Date _____

Printed Name _____ Employee No. _____

Entity _____
(i.e., Bon Secours Hospital, St Francis Medical Center, DePaul Medical Center, or third-party, etc.)

Department _____ License # _____