

Volunteer Confidentiality Form Confidentiality and Acceptable Use Agreement

Employee Notice, Acknowledgement and Certification of Signature

Electronically submitting a response to statements made below constitutes an electronic signature. Any record containing an electronic signature shall be deemed for all purposes to have been signed and will constitute an original when used or printed from electronic records established and maintained by UofL Health or its agents in the normal course of business and /or as a part of its Corporate Responsibility Program. By clicking "Submit" below, you attest that you have read, understand and voluntarily agree to provide your Acknowledgement by electronic signature. Please note that prior to completing this section and the final submission of your responses, you may change any of your responses or cancel your agreement/authorization to provide your Acknowledgement by electronic signature. Once submitted however, your agreement to provide Acknowledgement by electronic signature cannot be canceled.

UofL Health treats information about UofL Health business and about individuals such as the patient or resident and their families, and employees as confidential and take precautions to protect the privacy, confidentiality, and security of this information. UofL Health confidential information means any information regardless of the format that it is in (for example, paper, electronic, oral conversations, films) about a patient, resident, employee, student, physician, professional staff, or UofL Health business and financial operations that is not available to the public. Confidential information includes, but is not limited to, protected health information, billing, payroll, employment records, employee benefits, trademark, copyright, intellectual property, technical ideas and inventions, written published works, contracts, supplier lists and prices, price schedules, business practices, marketing, or strategy, confidential information of third parties for business purposes, or information that is only intended for internal use.

During the course of your association with UofL Health, you may have access to confidential information. In order to access confidential information, you must read the following statements and conditions and indicate your intent to comply.

I understand

I will look at and use only the confidential information I need to perform my job duties such as to provide health care for a patient, resident, member or other individuals, or to perform UofL Health business related job duties.

Initial _____

I understand and agree

I will not look at confidential information that I do not need to perform my job, for my own personal benefit or profit, for the personal benefit or profit of others, or to satisfy personal curiosity, or to disclose or divulge confidential information to others.

Initial _____

I understand and agree

I will not share confidential information with anyone who is not authorized by UofL Health to have access to it. If my responsibilities include disclosing confidential information with outside parties such as healthcare providers, contractors, consultants, or insurance companies, I will follow CHI policies and procedures for these types of disclosures.

Initial _____

I agree

I will take reasonable precautions and follow UofL Health policies and procedures for safeguarding confidential information to prevent the unauthorized use or disclosure of confidential information.

Initial _____

I agree

I will ensure that confidential information that I no longer need will be returned and maintained in the appropriate department or location, or in accordance with UofL Health policies and procedures.

Initial _____

I understand and agree

I am responsible for knowing and following the UofL Health defined acceptable uses of the Internet, email, Instant Messaging, file transfer, and proper data storage as set forth in the UofL Health Acceptable Use policy.

Initial _____

I understand

I understand and agree to abide by the obligations of this Confidentiality and Acceptable Use Agreement and associated UofL Health policies and procedures related to privacy, information security, information technology and confidentiality. I understand that UofL Health may take disciplinary action if I do not abide by the UMC policies and procedures, including up to termination of my employment, contract, or association with UofL Health.

Initial _____

I understand

I understand that UofL Health is entitled to take legal action against me, including seeking money damages, if I do not follow UofL Health policies and procedures or if I inappropriately use or disclose UofL Health's confidential information.

Initial _____

I understand

I understand that agreeing to comply with the Confidentiality and Acceptable Use of UofL Health IT Assets Agreements and related UofL Health policies and procedures to protect confidential information

is not an employment contract. I understand that these policies and procedures may be revised or amended at any time and I will be made aware of the updated policies and procedures.

Initial _____

I understand

I understand that by responding and submitting an answer to any of the questions above I am consenting to provide by Acknowledgement and Certification of the applicable statement(s) by electronic signature. I understand that by responding and submitting an answer to any of these is the equivalent of actually "signing" my name to the statement(s) that precede(s) it. My electronic signature will constitute my "original" signature as well as my Acknowledgement and Certification of the applicable statement(s) when used or printed.

Initial _____

I understand

I understand that I may access a copy of the Privacy and Security Policies and Standards including the Mobile Device Security Standard on Inside UofL Health or from my manager.

Initial _____

I understand

I understand that I may also choose to print a copy of this Confidentiality and Acceptable Use Agreement. A signed copy of this agreement will be maintained in my File and can be copied at any time.

Initial _____

_____ Volunteer Name

_____ Date Volunteer Confidentiality Form
Confidentiality and Acceptable Use Agreement