

Security and Confidentiality Agreement

As a student / volunteer / resident of South Carolina Heart Center, (hereinafter "the Provider"),

I agree to the following:

1. I understand that I am responsible for complying with the HIPAA policies, which were provided to me.
2. I will treat all information received in the course of my employment with the Provider, which relates to the patients of the provider, as confidential and privileged information.
3. I will not access patient information unless I have a need to know this information in order to perform my job.
4. I will not disclose information regarding the Provider's patients to any person or entity, other than as necessary to perform my job, and as permitted under the Provider's HIPAA Policies.
5. I will not log on to any of the Provider's computer systems that currently exist or may exist in the future using a password other than my own.
6. I will safeguard my computer password and will not post it in a public place, such as the computer monitor or a place where it will be easily lost, such as on my nametag.
7. I will not allow anyone, including other employees, to use my password to log on to the computer.
8. I will log off of the computer as soon as I have finished using it.
9. I will not use my e-mail to transmit patient information unless I am instructed to do so by the Privacy Officer.
10. I will not take patient information from the premises of the Provider in paper or electronic form without first receiving permission from the Privacy Officer.
11. Upon cessation of my tenure with the provider, I agree to continue to maintain the confidentiality of any information I learned while a student / volunteer / resident and agree to turn over any keys, access cards, or any other device that would provide access to the provider or its information.

I understand that violation of this agreement could result in disciplinary actions.

Name (print)

Name (signature)

Date

Witness

SCHC-21