



CONFIDENTIALITY AGREEMENT

Patient, employee and TMC information from any source and in any form is confidential. I understand that I may have access to and receive such confidential information. I shall protect the privacy and confidentiality of patient, employee and TMC information and shall limit my access to only the minimum information necessary to accomplish my job. This includes patient protected health information.

I agree that:

- I will only access information needed to accomplish my tasks. I will not disclose, copy, modify or discard any confidential information unless it is part of my job to perform any of these tasks. If it is part of my job to perform any of these tasks, I will follow the correct corporate/department procedure to perform the task.
• I will not misuse any confidential information.
• I will keep my computer password(s) secret and change it (them) regularly.
• I will not use anyone else's password to access any computer system at TMC.
• I will not share any confidential information, even after my work at TMC has ended.
• I am aware that my access to confidential information may be audited.
• I will immediately tell the Chief Compliance Officer if I think someone knows or is using my password(s).
• I know that my access to the TMC's computer systems may be revoked at any time.
• I will follow all TMC Policies and Procedures, including, but not limited to, the Confidentiality of Patient Information Policy and Information Security Policy.
• Should I receive or access Protected Health Information, I will safeguard the privacy and security of that Protected Health Information.
• I will comply with all of the requirements of the HIPAA privacy rule and corresponding regulations.
• I will comply with any state laws and regulations that govern or pertain to the confidentiality, privacy, security of information related to patients.
• I understand that if I fail to comply with this agreement or abide by TMC Policies and Procedures I may be subject to corrective action up to and including separation from TMC, loss of privileges and/or revocation of contract.

By signing this confidentiality statement, I agree that I have read, understood and will comply with this statement.

I am a (select all that apply):

- Contractor Student Employee Resident Volunteer Researcher

Printed Name _____

Signature _____

Date _____