

**LAKE REGIONAL HEALTH SYSTEM
PRIVACY AND SECURITY AGREEMENT
INFORMATION USAGE**

As a workforce member at Lake Regional Health System (LRHS), you may have access to what this agreement refers to as “confidential information.” The purpose of this agreement is to help you understand your duty regarding confidential information.

Confidential information includes patient information, employee/volunteer/student information, financial information, other information relating to LRHS and information proprietary to other companies or persons. You may learn of or have access to some or all of this confidential information through a computer system or through your activities.

Confidential information is valuable and sensitive and is protected by law and by strict LRHS policies. The intent of these laws and policies is to assure that confidential information will remain confidential – that is, that it will be used only as necessary to accomplish the organization’s mission.

As a workforce member, you are required to conduct yourself in strict conformance to applicable laws and LRHS policies governing confidential information. Your principal obligations in this area are explained below. You are required to read and to abide by these duties. The violation of any of these duties will subject you to discipline, which might include, but is not limited to, termination of access and to legal liability.

As a workforce member, you understand that you will have access to confidential information that may include, but is not limited to, information relating to:

- Patient (such as records, conversations, admittance information, patient financial information, etc).
- Workforce members (such as salaries, employment records, disciplinary actions, etc.)
- LRHS information (such as financial and statistical records, strategic plans, internal reports, memos, contracts, peer review information, communications, proprietary computer programs, source code, proprietary technology, etc.) and
- Third party information (such as computer programs, client and vendor proprietary information source code, proprietary technology, etc.)

Accordingly, as a condition of and in consideration of your access to confidential information, you promise that:

1. You will use confidential information only as needed to perform your legitimate duties as a workforce member affiliate with LRHS. This means, among other things, that:
 - A. You will only access confidential information for which you have a need to know; and
 - B. You will not in any way divulge, copy, release, sell, loan, review, alter or destroy any confidential information except as properly authorized within the scope of your professional activities affiliated with LRHS; and
 - C. You will not misuse confidential information or carelessly care for confidential information.
 - D. You will respect the ownership of proprietary software. For example, do not make unauthorized copies of such software for your own use, even when the software is not physically protected against copying.
 - E. You will not operate any non-licensed software on any computer provided by LRHS.
 - F. You will not knowingly include or cause to be included in any record or report, a false, inaccurate, or misleading entry.
 - G. You will not remove and record (or copy) or report from the office or department where it is kept except in the performance of my duties.

- H. You will respect the confidentiality of any reports printed from any information system containing patient/member information and handle, store and dispose of these reports appropriately.
 - I. You understand that all access to the system(s) will be monitored.
2. You will safeguard and will not disclose your access code or any other authorization you have that allows you to access confidential information.
 3. You accept responsibility for all activities undertaken using your access code and other authorization.
 4. You will report activities by any individual or entity that you suspect may compromise the confidentiality of confidential information. Reports made in good faith about suspect activities will be held in confidence to the extent permitted by law, including the name of the individual reporting the activities.
 5. You understand that your obligations under this Agreement will continue after termination of your access. You understand that your privileges hereunder are subject to periodic review, revision and if appropriate, renewal.
 6. You understand that you have no right or ownership interest in any confidential information referred to in this Agreement. LRHS may at any time revoke your access code, other authorization, or access to confidential information. At all times during your access, you will safeguard and retain the confidentiality of all confidential information.
 7. You will be responsible for your misuse or wrongful disclosure of confidential information and for your failure to safeguard your access code or other authorization access to confidential information.

Those who cannot accept these standards of behavior may be denied access to the relevant computer systems and networks. Violators also may be subject to penalties, including disciplinary action and under laws of the State of Missouri or the United States of America to the extent applicable.

By signing this, I agree that I have read, understand and will comply with the Agreement.

Signature

Printed Name

Witness

Date