

CONFIDENTIALITY AGREEMENT

Due to the confidential nature of information maintained by Community Medical Center ("CMC"), Community Medical Center has implemented certain requirements to protect confidential information from unauthorized access, use or disclosure.

I, _____, understand and agree to the following:

1. I understand that as a student/intern at Community Medical Center, I may come into contact with, have access to, and be responsible for confidential information. Confidential information includes, but is not limited to, patient health information, CMC financial information, other matters of a business or proprietary nature such as information about business operations, prospects, business plans or affairs, financial or otherwise, costs, profits, pricing policies, marketing, sales, suppliers, patients, customers, product plans, marketing plans, strategies or other information related in any other manner to the operations of CMC ("Confidential Information").
2. I understand that the confidentiality of patient records is required by law, and that there are statutes or policy reasons specifically mandating the confidentiality of patient information.
3. I understand that an audit trail of access to Confidential Information may be conducted and maintained which identifies the machine name, user, date, and identification of all access to Confidential Information that is electronically maintained.
4. My User ID/Password is the equivalent of my signature. I am the only person authorized to use my User ID/Password.
5. I will safeguard and will not disclose my password or any other authorization I have that allows me access to Confidential Information. I accept responsibility for all activities undertaken using my password.
6. I will use Confidential Information only as needed by me to perform legitimate duties on behalf of CMC. This means, among other things, that:
 - (a) I will not access Confidential Information which I have no legitimate need to know.
 - (b) I will only access or use the minimum amount of Confidential Information necessary for me to perform services for CMC.
 - (c) I will not in any way divulge, copy, release, sell, loan, revise, alter, or destroy any Confidential Information except as properly authorized within the scope of my services as a student/intern.
 - (d) I will not misuse or carelessly handle or fail to safeguard Confidential Information.

7. I understand that I have no right or ownership interest in any Confidential Information maintained or in the possession of CMC. My password may be revoked by CMC at any time.
8. I will retrieve or attempt to retrieve data from the computer system only for approved purposes.
9. I will not download files for use outside of CMC.
10. It is my responsibility to log out of the system. I will not, under any circumstances, leave unattended a computer terminal to which I have logged on at any time.
11. If I have reason to believe that the confidentiality of my User ID or password has been compromised, I will contact the Privacy Officer for assistance in changing my password. I will immediately report any known or suspected breach of the confidentiality of the system or records/data obtained from it to the Privacy Officer.
12. I understand that my User ID will be inactivated when my duties do not require access to the computerized systems.
13. I agree not to disclose any Confidential Information as described in this Agreement. If for any reason I believe I must release such information, I will first provide immediate notice to CMC and give CMC a reasonable time in which to respond.
14. I will review CMC's conflict of interest policy and agree to disclose any actual or potential conflicts of interest I may have with CMC.
15. I understand that this Agreement is solely for the purpose of compliance with regulations and with CMC's policies. I understand that this Agreement is not a contract for employment and does not create any employment relationship.
16. Any violation of confidentiality or any of these provisions may result in disciplinary action, which may include termination of my status as a student/intern. Violations will be reported to all personnel responsible for evaluation of students/interns.
17. I understand that violations of confidentiality and privacy laws may also result in criminal and/or civil liability or fines.
18. I have read and agree to all of the above as conditions to my status as a student/intern. My signature below indicates my understanding of the above requirements and verifies receipt of a copy of this agreement.

By: _____

Date: _____