



**PRIVACY, CONFIDENTIALITY  
& ACCEPTABLE USE AGREEMENT**

**Name (please print):** \_\_\_\_\_

**Affiliation with St. Mary's General Hospital:** \_\_\_\_\_

(For example: employee, physician, volunteer, student, consultant, vendor, contractor, etc.)

**Location/Department:** \_\_\_\_\_

I wish to request access to the St. Mary's General Hospital Information System (Clinical Information System, Microsoft Office, Hospital Internet)

By my signature below, I acknowledge, understand, and agree to the following:

1. I am aware that St. Mary's General Hospital has policies and procedures regarding the Privacy, Confidentiality and Security of Information and the Acceptable Use of the SMGH Information (Computer) System. I understand that it is my responsibility to be familiar with these policies and procedures and to comply with their provisions.
2. During my association with St. Mary's General Hospital (SMGH), I will have access to personal information and material relating to patients, medical staff, employees, other individuals, or SMGH, which is of a private and confidential nature.
3. I will treat all SMGH administrative, financial, patient, employee and other information/records as confidential information, and I will protect them from improper disclosure.
4. I will not collect, use or disclose any confidential information without authorization nor will I discuss, divulge, or disclose confidential information about SMGH to others, unless it is necessary to fulfill my duties and responsibilities to SMGH. If I am unsure if I have the authorization of SMGH to access, use or disclose confidential information, I agree to seek clarification on this issue from SMGH. This could be through my immediate supervisor at SMGH or the SMGH Privacy Officer. I acknowledge that this obligation does not apply to information that is in the public domain.
5. I will ensure that confidential information is not inappropriately accessed, used, or disclosed either directly by me, or by virtue of my signature, password or security access to premises or systems.
6. I will only access, process, and transmit confidential information using authorized hardware and software, or other authorized equipment, as required by the duties of my role at SMGH.

7. Violations of the SMGH Privacy, Confidentiality & Security of Information policy include, but are not limited to:
  - accessing confidential information that I do not require for the purposes of fulfilling my duties and responsibilities to SMGH;
  - misusing, disclosing without proper authorization, or altering patient or personnel information,
  - disclosing to another person my user name and/or password or failing to adequately protect my password.
8. SMGH will conduct regular audits to ensure compliance with its Privacy, Confidentiality & Security of Information Policy, and Acceptable Use Policy.
9. By accessing the SMGH information system (computer system) I am consenting to my use being monitored in accordance with the portion of the Acceptable Use Policy concerning monitoring.
10. I will abide by the conditions outlined in this agreement, and I acknowledge that they will remain in force even if I cease to have an association with St. Mary's General Hospital.
11. Should any of these conditions be breached, I may be subject to corrective action including, but not limited to, termination of employment, loss of privileges, contract termination, or other action appropriate to my association with St. Mary's General Hospital.

---

Signature

---

Date

---

Witness

---

Date

2002 (O)  
2004 (R)  
2006 (R)  
January 2007 (R)