

NSC Research

Workforce Confidentiality Agreement

I understand that NSC Research has a legal and ethical responsibility to maintain patient privacy, including obligations to protect the confidentiality of patient information and to safeguard the privacy of patient information.

In addition, I understand that during the course of my employment/assignment/affiliation with NSC Research I may see or hear other confidential information such as financial data and operation pertaining to the practice that NSC Research is obligated to maintain as confidential.

As a condition of my employment/assignment/affiliation with NSC Research I understand that I must sign and comply with this agreement.

By signing this document, I understand and agree that:

I will disclose patient information and/or confidential information only if such disclosure complies with NSC Research policies and is required for performance of my job.

My personal access code(s), user ID's and password used to access computer systems or other equipment are to be kept confidential at all times.

I will not access or view any information other than what is required to do my job. If I have a question about whether access to certain information is required to do my job, I will ask my supervisor for clarification and no one else who does not have authorization to such information.

I will not discuss patient information where others might overhear. I understand that it is not acceptable to discuss confidential information in public areas.

I will not remove or transfer any accessed information outside the NSC Research computer system.

Upon termination of my employment/assignment/affiliation with NSC Research, I will immediately return all property (e.g. keys, documents, ID badges) to NSC Research.

I agree that my obligations under this agreement regarding patient information will continue after the termination of my employment/assignment/affiliation with NSC Research.

I understand that violation of this agreement may result in disciplinary action, up to and including termination of my employment/assignment/affiliation with NSC Research and or suspension, restriction or loss of privileges, in accordance with NSC Research policies, as well as potential personal civil and criminal legal penalties.

I understand that any confidential information or patient information that I access or view at NSC Research does not belong to me. I have read the above agreement and agree to comply with all its terms as conditions continuing employment.

Signature of employee/physician/student/volunteer

Date

Print Your Name

Date