

VIRGINIA MASON MEDICAL CENTER  
**CONFIDENTIALITY AND PRIVACY AGREEMENT**

**YOUR RESPONSIBILITY FOR MAINTAINING CONFIDENTIALITY**

I agree to protect the confidentiality of the patient information and other proprietary information that I come in contact with. In so far as my responsibilities require me to be informed regarding a specific patient or workforce member, that knowledge is trusted to me to keep confidential. I agree to:

- ✓ Watch **what** I say and **where** I say it when discussing medical information or workforce confidential information.
- ✓ I agree to **access only** healthcare or workforce confidential information that I have a “**need to know**” it for permitted patient treatment, education, or business purposes.
- ✓ In order to access **information on family members**, friends, co-workers, or myself, I understand the patient must complete an “Authorization to Release Information,” available through the Medical Record or Health Information Services department. When in the role of a patient or patient’s family member, I must use the same access avenues other patients use.
- ✓ If I suspect a violation of privacy, I will **report the incident** to my VM supervisor or to the Privacy Officer at (206) 233-7505.
- ✓ I agree to use the correct procedure for **confidential disposal** of documents.
- ✓ **Tampering with/or altering** medical information will also be treated in the same manner as a breach of confidentiality.
- ✓ Workforce members who are also patients deserve confidentiality as well as the public. **I will not share co-worker health or confidential information** I learn as part of my job with other staff members unless it is part of that person’s job to have that information.
- ✓ I understand that any individual **passcode** I am issued is **equivalent to my signature** and I am personally accountable for all work done under this code.
- ✓ It is my responsibility to **maintain the confidentiality** of my **access code**, i.e. not disclose my access code to anyone, nor attempt to learn another person’s access code.
- ✓ If I have any reason to believe that the **confidentiality** of my access code has been **broken**, I will contact the Information Systems Help Desk (206) 583-6402.

I understand that inappropriately accessing or releasing patient healthcare or workforce confidential information would both undermine our patients’ and/or workforce members’ expectations of confidentiality and violate Washington state and federal law.

I understand that no duplicate information containing patient or workforce identifiable information may be created or maintained except with the express knowledge and permission of Virginia Mason.

I also agree to permit an investigation of any records or practices with respect to the confidential information I receive from Virginia Mason, if requested by Virginia Mason, the Secretary of Health and Human Services or his agents.

As soon as practicable, after termination of my assignment or arrangement to have any access to confidential and privileged information, any and all such information in my possession, regardless of form, and including all copies or derivative works containing such information (whether paper or electronic) shall be destroyed.

I understand that any unauthorized access or disclosure of any confidential information or violation of any policies and procedures regarding confidentiality or use of this information shall be cause for disciplinary action. The action can entail termination of employment. For students, volunteers, or agents of Virginia Mason, violation may result in immediate ejection from the facility, denial of further access, and/or possible legal action.

I understand and agree to all these conditions and instructions.

Name (Print):		Signature:	
Department or Outside Organization:		Date:	