

Haywood County Emergency Services

Confidentiality Agreement

I understand that Haywood County Emergency Services has a legal and ethical responsibility to safeguard the privacy of all clients and to protect the confidentiality of their health information. Additionally, Haywood County Emergency Services must assure the confidentiality of its human resources, payroll, fiscal, research, computer systems, and management information (collectively "Confidential Information").

In the course of my employment/assignment at Haywood County Emergency Services, I understand that I may come into possession of Confidential Information.

I further understand that I must sign and comply with this agreement in order to get authorization for access to any of Haywood County Emergency Services Confidential Information.

1. I will not release or discuss Confidential Information with others, including friends or family, who do not have a need to know it (which includes my personal access code, user ID (s) and password (s) used to access my computer systems).
2. I will not access or view any Confidential Information, or utilize equipment, other than what is required by my job.
3. I will not discuss Confidential Information where others can overhear the conversation. It is not acceptable to discuss Confidential Information in public areas even if a client's name is not used. Such discussions may raise doubts among clients and visitors about our respect for their privacy.
4. I will not make inquiries about Confidential Information for other personnel who do not have proper authorization to access such Confidential Information.
5. I will not inform any person who does not have a need to know, of my computer password or knowingly use another person's computer password instead of my own for any reason.
6. I will not make any unauthorized transmissions, inquiries, modifications, or purging of Confidential Information in Haywood County Emergency Services' computer system. Such unauthorized transmissions include but are not limited to, removing and/or transferring Confidential Information from the Haywood County Emergency Services' computer system to unauthorized locations (home, etc.).
7. I will log off any computer terminal prior to leaving it unattended.

Initials: _____

8. I will comply with any security or privacy policy of the Haywood County Emergency Services to protect the security and privacy of Confidential Information.
9. I will immediately report to my supervisor any activity, by any person, including myself, that is a violation of this Agreement or of any Haywood County Emergency Services' information security or privacy policy.
10. Upon termination of my employment, I will immediately return any documents or other media containing Confidential Information to Haywood County Emergency Services.
11. I agree that my obligations under this Agreement will continue after termination of my employment.
12. I understand that violation of this agreement may result in disciplinary action, up to and including termination of employment and/or suspension and loss of privileges in accordance with Haywood County Emergency Services Policy, as well as legal liability.
13. I further understand that all computer access activity is subject to audit.

By signing this document, I understand and agree to the following:

I have read the above agreement and agree to comply with all its terms.

Signature of Employee/Physician/Volunteer: _____

Print Name: _____ **Date:** _____