



Confidentiality Agreement Form

IMPORTANT:

Read all sections. If you have any questions, please ask them before signing. You will receive a copy of this Agreement and a copy will be placed in your personnel/academic program file.

- DISCLOSURE OF PROTECTED HEALTH/SENSITIVE INFORMATION -

I recognize that the services provided by UAB Health System and its Operating Entities (collectively referred to as "UAB") for its patients are private and confidential; that to enable UAB to perform those services, patients furnish information to UAB with the understanding that it will be kept confidential and used only by authorized persons as necessary in providing these services; that financial information, personnel data, trade secrets, and other sensitive information shall also be kept confidential; that the good will of UAB depends upon keeping this information confidential; that certain moral, ethical, and legal obligations are attached to this information; and that by reason of my duties or in the course of my employment or training I may receive or have access to verbal, written, or electronic information concerning patients, finances, personnel data, trade secrets, other sensitive information, or services performed by UAB even though I do not furnish the services or have direct access to the information.

I hereby agree that, except as directed by UAB or by legal process, I will not at any time during or after my employment, training, observing, or during my duties at UAB, disclose any such services or information to any unauthorized person, or permit any such person to examine or make copies of any reports or other documents prepared by me, coming into my possession or control, or to which I have access, that concerns UAB in any way. I agree that I will not attempt to use any such information for my own advantage.

I recognize that the unauthorized disclosure of information by me may violate state or federal laws and do irreparable injury to UAB or to the patient, and that the unauthorized release of information may result in disciplinary action being taken against me, up to and including termination. Civil and criminal penalties may be brought against me as a result of my unauthorized disclosure of information.

- SECURITY OF UAB INFORMATION/EQUIPMENT -

I agree that I will comply with all security and privacy regulations, standards, policies, and procedures in effect at UAB.

I understand that all software used on a computer owned by UAB must be properly licensed and approved by UAB Administration for use on that computer. The use of unlicensed or unapproved software constitutes a serious risk to UAB operations. If I use or allow the use of any unlicensed or unapproved software or computer games on a UAB computer, I will be subject to disciplinary action or dismissal.

UAB computer applications are communication systems allowing you to retrieve protected health information or other sensitive data.

I understand that my user account is equivalent to my legal signature, and I will be accountable for all work done under this account. I will not disclose my user account to anyone, nor will I attempt to learn another person's account. I will not access data on patients, finances, personnel, or trade secrets for which I have no responsibilities and for which I have no "need to know." If I have reason to believe that the confidentiality of my user account has been breached, I will immediately contact my information services department.

By receiving a user account, I acknowledge and understand that I am responsible for proficient use of UAB computer applications. I further acknowledge and understand that my proficiency in using UAB computer applications is a condition of continued employment in my position and that failure to reach the required level of proficiency for my position within a reasonable time will bring about termination. If I do not fully understand the application functions, I may contact my information services department for assistance.

I acknowledge that I have been made aware of UAB's confidentiality of information standards. I have read all of the above Sections of this Agreement, and I understand them.

Name (please print)

Position/Title

School/Department

Signature

Date

Unit

Signature of Witness

Date

Please indicate your role at UAB:

Employee	Volunteer	Independent Contractor	Business Associate _____
Temporary Employee	Student	Vendor	Other _____