

**Confidentiality Agreement and
Acknowledgement of Completion of Orientation Modules
for Residents and Faculty**



I (print first & last name): _____ a

(check one box) Resident or Faculty Member of _____

understand that during my engagement with the GGBHA Healthcare Facility member, may have access to or come in contact with confidential patient, business, practitioner, or provider information. The Healthcare Facility defines “confidential information” to include any and all information incorporated in or pertaining to:

1. Patient identities, diagnoses, treatments, or other patient medical or health services.
2. Medical records.
3. Practitioner or provider practice review information.
4. Claims, claim payment and/or reimbursement data and information.
5. Proprietary business information, customer identities, business or strategic plans.
6. Healthcare Facility financial information.
7. Policies, procedures.

This information may be in any form (e.g. oral, written or electronic) and any format (e.g. individual records, summaries or consolidated reports, and/or internal or external reports).

Resident/Faculty agrees to maintain strict confidentiality of any accessed information as described above and disclose it to third parties only if; **a)** authorized in writing by the Healthcare Facility and, as appropriate, by the patient, practitioner, or provider involved, and/or **b)** as required by law. This can include, but is not limited to, protecting and holding confidential patient information unless parties have authorization to that information, accessing only information that is necessary to perform duties as Resident/Faculty, and discussing a patient’s medical information only with those directly involved in that patient’s care.

In addition, such information should not be transferred to or from, or stored within, any form of personal technology (e.g. personal computers, laptops, USB drives, cell phones, etc.), nor should it be shared in any form of social media (e.g. Facebook, YouTube, etc.).

I also understand that I am not allowed to access my own patient care record or those of any of my family members or friends/acquaintances without following proper release of information of record viewing procedures.

I understand that I will be subject to, and agree to abide by, the same rules, regulations, policies, procedures and standards of rotation agencies as are established for the organization’s employees in matters related to confidentiality.

The organization may, in its sole discretion, terminate my participation in rotation education at the agency for breach of any of the above. I further understand that I could be subject to legal action, including but not limited to lawsuit for invasion of privacy, or unauthorized access or disclosure of confidential patient healthcare information.

Resident/Faculty shall, within seven days of discovery of any use, disclosure of contact with any confidential information, report any such use, disclose or contact to the Healthcare Facility.

Resident/Faculty understands that failure to maintain confidentiality may result in liability to the Healthcare Facility as well as its patients, practitioners, and providers, and legal action may be taken. The Resident/Faculty further agrees to hold harmless and protect the Healthcare Facility against any and all claims for damages resulting from any unauthorized disclosure of such information. Resident/Faculty understands this obligation survives the termination of Resident/Faculty's engagement and contractor dealings with the Healthcare Facility.

I certify that I have completed and understand all of the information in the following GGBHA learning/orientation modules.

- 1. Infection Control-Bloodborne Pathogens-Isolation Precautions-Pharmaceutical Waste**
- 2. HIPAA Confidentiality and Compliance Orientation**
- 3. Patient and Caregiver Safety**
- 4. Professional Expectations in the Workplace**
- 5. Rotation Skill Awareness and Validation**

By signing below, I certify that I am responsible for understanding the information contained in all of the above learning/orientation modules. Falsifying this statement or failure to comply with any facility's policies will result in disciplinary action that may include expulsion from the facility for the remainder of the rotation experience.

Resident or Faculty Member's Signature

Date