

Oakdale Obstetrics and Gynecology, P.A.

WORKFORCE

CONFIDENTIALITY AGREEMENT

I understand that Oakdale Obstetrics and Gynecology, P.A. has a legal and ethical responsibility to maintain patient privacy, including obligations to protect confidentiality and to safeguard the privacy of patient and referring provider information.

In addition, I understand that during the course of my employment/assignment/affiliation at Oakdale Obstetrics and Gynecology, P.A., I may see or hear other confidential information such as financial data and operational information pertaining to the practice that Oakdale Obstetrics and Gynecology, P.A. is obligated to maintain as confidential.

I agree that while employed by Oakdale Obstetrics and Gynecology, P.A., or at any time after termination of my employment I will not divulge or disclose any information concerning any matters affecting or relating to business of the company without first receiving prior approval from the Clinic Administrator. This information includes, but is not limited to, the following: cost of equipment, referring physician lists, contracts of any type, fees, and salaries (staff or physician).

As a condition of my employment/assignment/affiliation with Oakdale Obstetrics and Gynecology, P.A., 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 Oakdale Obstetrics and Gynecology, P.A.'s Policies, and is required for the performance of my job.

My personal access code(s), user ID(s), access key(s) and password(s) 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 any question about whether access to certain information is required for me to do my job, I will immediately ask my supervisor for clarification.

I will not discuss any information pertaining to the practice in an area where unauthorized individuals may hear such information (for example, in hallways, in elevators, in the cafeteria, on public transportation, at restaurants, and at social events). I understand that it is not acceptable to discuss any practice information in public areas even if specifics such as a patient's name are not used.

I will not make inquiries about any practice information for any individual or party who does not have proper authorization to access such information.

I will not make any unauthorized transmissions, copies, disclosures, inquiries, modifications, or purging of Patient Information or Confidential Information. Such unauthorized transmissions include, but are not limited to; removing and/or transferring Patient Information or Confidential Information from Oakdale Obstetrics and Gynecology, P.A.'s computer system to unauthorized locations (for instance, home).

Upon termination of my employment/assignment/affiliation with Oakdale Obstetrics and Gynecology, P.A., I will immediately return all property (e.g. keys, documents, ID badges, etc.) to Oakdale Obstetrics and Gynecology, P.A.

I agree that my obligations under this agreement regarding Patient Information will continue after the termination of my employment/assignment/affiliation with Oakdale Obstetrics and Gynecology, P.A.

I understand that violation of this Agreement may result in disciplinary action, up to and including termination of my employment/assignment/affiliation with Oakdale Obstetrics and Gynecology, P.A. and/or suspension, restriction or loss of privileges, in accordance with Oakdale Obstetrics and Gynecology, P.A.'s 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 Oakdale Obstetrics and Gynecology, P.A. does not belong to me.

I have read the above agreement and agree to comply with all its terms as a condition of continuing employment.

Signature of employee/physician/student/
volunteer

Date

Print Your Name