

Erlanger Health System
Information Confidentiality Agreement

All patients receiving care through the Erlanger Health System have a reasonable expectation of, and a legal right to privacy concerning information related to their treatment. Any access to, or use of Erlanger Health System patient information must be in accordance with the *Patient's Privacy Protection Act* (T.C.A. 68-11-1501). Furthermore, any access to, or use of patient information must be in compliance with all patient information confidentiality guidelines, as approved by the Chattanooga-Hamilton County Hospital Authority.

Your signature on this document indicates that you have read, understand, and will comply with the *Patient's Privacy Protection Act*, and all *Erlanger Health System Guidelines* governing access to and use of patient information, as approved by the Chattanooga-Hamilton County Hospital Authority. ***Violation of the Patient's Privacy Protection Act (T.C.A. 68-11-1501) or any Erlanger Health System patient information confidentiality guideline is a serious offense that can result in the immediate loss of all privileges to participate in any patient care or patient management (clinical or otherwise) throughout the entire Erlanger Health System or can result in immediate termination of employment.***

Technology Management Division Password Conditions

- I. My computer password is an individual authorization code which enables me to access, on a "need to know" basis only, confidential patient and/or employee information. I am prohibited from viewing, accessing or using any confidential patient or employee information without the "need to know" required for providing appropriate patient care, patient or employee management (clinical or otherwise).
- II. My computer password will be treated the same as my *personal signature* and is *legally binding*.
- III. I will *not*, under *any* circumstances, knowingly divulge or disseminate my password to anyone at anytime.
- IV. I am personally accountable for my password and have a responsibility to notify Technology Management Division *immediately* upon suspicion that my password has been divulged or compromised, whether by intention or accident.

My signature indicates my agreement to adhere to the *Patient's Privacy Protection Act* (T.C.A. 68-11-1501), all *Erlanger Health System Guidelines* referenced in this document, and *Password Conditions I-IV*, as listed above. I personally accept responsibility for my password, and will be held accountable for every access to confidential patient or employee information for which my password was used. Furthermore, I understand that every access to confidential patient or employee information from my password can be recorded and audited.

Printed Name	Signature	Title	Date
_____	_____	_____	_____

Witness Name	Signature	Title	Date
_____	_____	_____	_____