



St. Mary's Hospital  
MEDICAL CENTER

St. Vincent Hospital



St. Nicholas Hospital

## CONFIDENTIALITY AGREEMENT – COLLEAGUE

*As a colleague, you are required to conduct yourself in strict conformance to applicable laws and St. Mary's Hospital Medical Center, St. Vincent Hospital, and St. Nicholas Hospital policies governing confidential information. You are obligated to protect the confidentiality of both patient and organizational information. The violation of the confidentiality laws and policies of St. Mary's Hospital Medical Center, St. Vincent Hospital, and St. Nicholas Hospital may subject you to discipline, up to and including termination of your employment with this facility, as well as civil or criminal penalties under law.*

As a condition of and in consideration of my access to confidential information, I acknowledge the following:

1. I will use confidential information only as needed to perform my legitimate duties as a colleague affiliated with St. Mary's Hospital Medical Center, St. Vincent Hospital, and St. Nicholas Hospital. This means, among other things, that:
  - a. I will only access confidential information for which I have a need to know; and
  - b. I will not in any way repeat, copy, release, sell, loan, review, alter or destroy any confidential information except as properly authorized within the scope of my professional activities affiliated with St. Mary's Hospital Medical Center, St. Vincent Hospital, and St. Nicholas Hospital; and
  - c. I will not misuse or carelessly handle confidential information.
2. I have read and agree to comply with St. Mary's Hospital Confidentiality Policy A-2088, St. Vincent Hospital Confidentiality Directive # 100-03-011, or St. Nicholas Hospital Confidentiality Policy.
3. I know that I must report actual or suspected confidentiality breaches or problems to either, the Director, Risk Management at 433-8438, the Privacy Officer (SMH 498-4575; SVH 433-8513; SNH 459-4652), or the Computer Security Officer at 431-3149.
4. I understand that my obligations to protect the confidentiality of both patient and organizational information will continue after termination of my employment with St. Mary's Hospital Medical Center, St. Vincent Hospital, or St. Nicholas Hospital.

\_\_\_\_\_  
Colleague Name (Please Print)

\_\_\_\_\_  
ID Number

\_\_\_\_\_  
Colleague Signature

\_\_\_\_\_  
Date

*(Return this form to Information Technology)*