



VALLEYGATE DENTAL SURGERY CENTERS (VDSC) CONFIDENTIALITY AND INFORMATION ACCESS AGREEMENT

IMPORTANT: Please read the entire Agreement and accompanying policy. If you have any questions, please ask them before signing. You will receive a copy of your signed agreement for your records and a copy will be retained with your credentialing packet.

This document is confirmation to Valleygate Dental Surgery Centers that I am fully aware of the implications of misuse of any confidential and proprietary information pertaining to patients, caregivers, employees and surgery center operations.

GENERAL AGREEMENT: During my duties with VDSC, I may receive or have access to verbal, written or computer-generated information concerning patients, providers or institutionally proprietary data. I agree that, except as authorized or directed by VDSC or by legal process, I will not at any time during or after my tenure disclose any such information to any person, or permit any person to examine or make copies of any documents prepared by me, coming into my possession or control, or to which I have access unless as needed during my required activities. *I understand that unauthorized access or disclosure may result in disciplinary action and civil or criminal penalties; or both.*

I understand that all business activities of VDSC are considered confidential. I also understand that if I am exposed to VDSC business information that I am obligated not to discuss or disclose such information to persons outside VDSC unless as needed during my required activities. Additionally, within VDSC, such information will only be discussed with employees whose job requires such knowledge.

INFORMATION ACCESS AGREEMENT: I recognize and acknowledge that access to Health System information requires unique responsibilities for care and security. Therefore, I agree to the following:

- I will keep my computer access identifications and passwords confidential and not share them with anyone. Nor will I use another's identification and password.
- I understand that my computer login ID is the equivalent to my legal signature, and I will be accountable for all work done under my login ID.
- I will use my computer access solely to perform my duties with a clear need-to-know criterion.
- I will use my access to patient information (including myself, family members and friends) solely to perform my duties with a clear need-to-know criterion.
- I will not enter or attempt to enter false information into a live production environment.
- I will use designated sign-off procedures when leaving a computer workstation or terminal.
- I will not provide protected patient information (PHI) in writing, discussion or other manner to those who do not have a need to know.
- I will not remove PHI from the surgery center without authorization.
- I will discard materials containing PHI according to the surgery center policy.
- I know that patient confidentiality and privacy is a patient right and I will respect that right.

Signature

Witness Signature and Title

Employee/Individual's Printed Name

Date