

EVMS Medical Group

CONFIDENTIALITY STATEMENT

Definitions and Compliance

- ◆ EVMS includes
 - Eastern Virginia Medical School (EVMS)
 - Eastern Virginia Medical School Medical Group (EVMSMG)
 - Eastern Virginia Medical School Pediatric Faculty Associates (EVMSPFA)

- ◆ Execution of this Confidentiality Statement represents compliance with the following EVMS policies regarding medical, health care and business information:
 - HIPAA Personnel Security
 - **HIPAA:** SEC.07 Personnel Security § .308(a)(7)
 - Human Resources Confidential Information Policy

Confidential Information

I understand that the patient expects to communicate with health care practitioners with confidence that none of the information communicated will be released without prior appropriate authorization.

I understand that the information considered confidential involves all reports within the medical records, employee health records, student health records and/or automated information systems concerning medical/health care examinations, tests, treatments, observations and diagnosis of the patient, the employee and the student. It also includes information I learn in conversations with the patient, an employee and/or a student. I understand that patient, employee and student demographic information, including all specific financial data, is private.

I understand that employee human resource/payroll information will be released only according to Eastern Virginia Medical School guidelines.

I understand that information about physician/health care professional credentialing, quality assurance, utilization management, risk management and the business information of the organization are to be treated as confidential and may be released only by those authorized to do so.

Duties And Obligations

I understand and agree that as an employee or student of EVMS, I must hold certain confidential information in strict confidence, regardless of method of communication, including but not limited to hard copy, faxed, electronically transmitted, oral conversations or any printed data. This confidence must be kept when performing my duties, as well as during breaks, rest periods and time away from EVMS. I understand that I may not seek access to or release written or computerized confidential information unless my work/educational assignment specifically authorizes me to do so.

I understand that discussions concerning confidential information shall not to occur in hallways, elevators or other public areas where someone not authorized to receive the information can

inadvertently overhear confidential information. I understand that when I discuss the information, I must take precautions so that unauthorized persons will not overhear my discussion.

I understand and agree that as an employee and/or student of EVMS, I am not authorized to access any of my personal medical and/or financial information. Unauthorized access to personal medical and/or financial information will result in immediate termination.

Access Codes

I understand access codes to be any device (i.e. key, badge) or data (i.e. combinations, PINs) provided to me so I can gain access to a location or information. I understand that all access codes are confidential. I am not permitted to provide, post, share or otherwise release access codes.

Allowing another individual to utilize your access code in any way is strictly prohibited.

Electronic Signature

I understand that the combination of logon and password codes form my electronic signature. Divulging my password code or that of another, or utilizing the password code of another or allowing someone to use mine is not permitted. If I leave the work area, I will sign off the application/system to prevent unauthorized access.

Personnel Security

I understand that EVMS has the right and responsibility to periodically audit the activities of its employees to verify compliance with internal policies for email, internet and access to electronic protected health information.

Consequences For Violation

I understand that violation of the terms of this statement will result in termination of my employment.

Employee/Student Name

Department or Program/year

Employee/Student Signature

Date