

## **CONFIDENTIALITY AGREEMENT (Non-Employee)**

I, \_\_\_\_\_, recognize and acknowledge that in the performance of my duties as a non-employed individual at Tennova Healthcare, I will be working with confidential information. I agree to keep all information in strict confidence and will not at any time, during or after my assignment with Tennova Healthcare, disclose or disseminate any confidential information that I may be exposed to as a result of my employment. I understand that I am obligated to maintain patient confidentiality at all times, both at work and off duty.

I agree not to disclose any confidential information related to Tennova Healthcare to unauthorized people or use such information for personal gain. I further understand that confidential information must not be disclosed to competitors, suppliers, contractors, family members, or other business associates.

I understand that all the medical information/records regarding a patient is confidential. This information will not be given to other individuals, unless proper authorization is obtained. I understand that it is not appropriate to discuss a patient's care and treatment in public places (e.g., hallways, elevators, cafeteria, etc.) or with people that are not involved in the case or have no reason to know the information.

I understand that all names, including the use of first name only, last name only and / or initials must not be posted on patient room doors or in any other place in an acute care setting which is visible to employees, visitors, etc.

I understand that any and all computer system access codes and passwords that are assigned to me are confidential. I will not disclose my access code(s) to anyone. If I have reason to believe that the confidentiality of my access code and/or password code has been compromised, I will contact the MIS Department immediately. Upon termination of my employment, I understand that any and all access codes and passwords that have been assigned to me will be deleted from the appropriate computer system(s).

I understand that all patient, associate and/or organizational information, financial and/or clinical, retrieved from any and all computer system(s) is strictly confidential. It should not be reproduced, transmitted, transcribed or removed from the premises in any form except as necessary and as defined in my job description.

I understand that any deviation from the above could result in legal action against the organization and myself. I further understand that any breach of confidentiality, intentional or unintentional may result in immediate termination of my employment.

My signature below certifies that all of the above confidentiality considerations have been explained to me and I was afforded the opportunity to ask questions. I understand the importance of privacy and confidentiality of patient and facility-related data.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date