PENNSTATE HERSHEY

PSHMC/COM Confidentiality Agreement

Penn State Hershey Medical Center and the College of Medicine (PSHMC/COM) are critically dependent upon information and information systems to fulfill the organization's missions. Patients, students, business associates and workforce members expect that reasonable and prudent measures will be taken to safeguard information entrusted to PSHMC/COM.

Federal and Pennsylvania state laws and standards regulate the use and disposal of Protected Health Information (PHI) and certain other information. I am permitted access to PSHMC/COM information only to the extent required to perform my specific duties and responsibilities and authorized activities. Reading, discussing, copying, and/or otherwise using or disclosing PSHMC/COM information for other than legitimate PSHMC/COM purposes is prohibited. Failure to comply with any of the information in this document may result in disciplinary action and/or legal action. To help individuals understand their role in safeguarding valued information PSHMC/COM utilizes the following broad classifications of information:

> PHI is defined by the United States Department of Health and Human Services under the Standards for Privacy of Individually Identifiable Health Information legislation known as the Health Insurance Portability and Accountability Act (HIPAA). Information that is created or received by PSHMC/COM and concerns an individual's past, present, or future medical condition is PHI. PHI must only be accessed by authorized personnel; this classification includes PHI stored or transmitted in electronic formats.
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> Confidential Business Information (CBI) is sensitive information necessary to perform certain job functions or PSHMC/COM operations; this information must only be accessed and used by authorized personnel. Examples include: compensation data, contracts, employee evaluations, individual's social security numbers, passwords, strategic agreements.
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> Other Non-Public/Internal Information (non-public information): Certain internal information is intended for use and distribution only within PSHMC/COM and in some cases, with Business Associates (e.g. legal advisors, consultants, vendors, etc.). Unauthorized disclosure of this information to external parties may create problems for the PSHMC/COM, customers or Business Associates. Examples of this type of information include: information available through the PSHMC/COM Infonet such as internal directories, policies and disaster plans.

For direction pertaining to PHI, contact the Privacy Officer. For direction pertaining to other confidential information and/or the security of electronic information or resources, contact the Information Security Officer.

I certify that I have completed the PSHMC/COM HIPAA Privacy and Information Security training, an equivalent session approved by the Privacy Officer or Information Security Officer, or participated in an active conversation with my Hospital/College employee sponsor; and understand my role in safeguarding and disposal of sensitive information.

_____ _____ _____

Name (please print clearly) Phone (non-workforce member) E-mail (non-workforce member)

_____ Date_____

Signature

_____

Parent/Guardian co-signature (required for individuals under the age of 18)

Affiliation – Please Check One Box			
PSHMC Employee ☐	PSU-COM Employee ☐	PSU Employee ☐	Volunteer ☐

Non-Workforce Members

Name of Hospital/College employee sponsor _____ _____ _____ _____

Department Phone E-mail

Affiliated Student ☐ Name of Affiliated School_____

School Contact (e.g. Faculty, Program Coordinator Advisor, etc)_____

Authorized Observer (e.g. visitor) ☐ : Affiliated Organization: (name of Covered Entity, vendor, etc.)_____

Date: April 2008