

RUTGERS
University Behavioral
Health Care

CONFIDENTIALITY AGREEMENT

I understand and agree that in the performance of my duties as an employee/physician/student at University Behavioral Health Care, I must hold all patient information in confidence and abide by University Behavioral Health Care's confidentiality, email, internet, fax and other related policies.

I also agree to protect patient information in every way possible including using passwords, screen savers, shredding, securing patient records and documents, etc. If it is necessary to bring or access Protected Health Information in the community, I agree to at all times protect the material from public view.

I acknowledge that the use of mobile storage devices (CD/DVD, flash drives, external drives) is strictly forbidden for the explicit purpose of copying and/or backing up, storing or transferring confidential sensitive electronic information, including patient/corporate data as described by regulatory requirements and other policies already defined and in place, such as Corporate Compliance and HIPAA.

I am aware that authorization to review computer systems and patient records at University Behavioral Health Care allows me access to confidential information. I certify that I alone will have access to my authentication password and that I alone will utilize said password to authenticate my reports/entries. I understand that the assigned access constitutes the equivalent of my legal signature.

In signing this Confidentiality Agreement, I acknowledge that it is my responsibility to keep in strict confidence all information I encounter and will not discuss, disclose, or disseminate such information to unauthorized persons. I specifically understand that information regarding patients, employees (including myself), students, family members, friends, and individuals affiliated with University Behavioral Health Care is not to be accessed unless I have a need to know that information in order to perform my job.

In addition, I understand that I am prohibited from using email to discuss, disclose or disseminate any confidential information about UBHC, its staff, or its patients.

I understand that a breach in confidentiality will result in disciplinary action up to and including possible termination.

*Signature

*Date

Student

*Name (please print)

Position