



STUDENT/NON-EMPLOYEE OBSERVER NONDISCLOSURE OF CONFIDENTIAL INFORMATION & BEHAVIOR STATEMENT

Access to the health care setting allows students or non-employees to use or to be exposed to information concerning employees, patients, their families and hospital business, all of which may be confidential and/or proprietary. Confidential and/or proprietary information includes, but is not limited to, information pertaining to patient care, risk management, the medical staff, quality improvement, utilization review, budgets, revenues, debts, real estate developments, investments, financial statements, medical records, business plans, employee benefit programs, retirement plans, disciplinary actions, human resources issues, physician recruitment, business acquisitions, collaborative activities, mergers and joint ventures activities. This includes, but is not limited to, information that is verbal, written, computerized, faxed, emailed, audio or video taped, observed, or obtained through any other means.

For the purpose of this agreement, "confidential information" shall mean all such confidential and proprietary information that is not in the public domain to which the student or non-employee has access or exposure during their course of relationship with any entity of the Mon Health System (collectively "MHS").

I agree that having been permitted to pursue my studies or to observe activities at MHS; I have a legal and moral responsibility to protect the confidentiality of privileged information to which I may be exposed during my educational activities or during my observation of patient care and daily facility operations. Accordingly, I agree during the course of my time at MHS and thereafter that I will not:

- A. Use, disclose, or discuss any proprietary information or other confidential or patient-related information with any person or entity that does not need to know it.
- B. In any way divulge copy, release, sell, loan, alter, or destroy any confidential information except as properly authorized.
- C. Discuss confidential information where others can overhear the conversation. It is not acceptable to discuss confidential information even if the patient's name is not used.
- D. Attempt to access any computerized information to which I am not authorized
- E. Encourage any past, present or future employee of MHS to violate the restrictions of this agreement.
- F. Disclose my password(s) for gaining access to any MHS computer system; allow anyone to use the system under my sign on, or use anyone else's passwords for access.
- G. Make any unauthorized transmissions, inquiries, modifications, or purging of confidential information.
- H. Access software systems to review patient records when I am not authorized. By accessing a patient's record, I am affirmatively representing to MHS that I have the patient's consent to do so, and MHS may rely on the representation in granting such access to me.
- I. Take photographs in any areas of MHS entities. Texting, blogging and posting comments regarding staff, MHS entities or patients on social networking sites are also prohibited.

Further, I will report activity that violates this agreement or any other incident that could pose a risk of non-compliance with MHS Corporate Compliance Standards. I will report possible violation or non-compliant activity to management or the Corporate Compliance Officer at 598-1571. I understand that MHS may take legal action against anyone who does not follow these established guidelines.

I understand that copies of the Bylaws, Policies and Procedures, and Rules and Regulations of Monongalia Health System including those of its Medical Staff are available in the Medical Staff Office and Human Resources and furthermore agree to abide by them at all times. I agree to comply at all times with the standards of conduct of Monongalia Health System and to conduct myself in a professional and positive interpersonal manner. I understand that MHS may prohibit me from continuing in my observation, shadowing or educational-related experience if I do not follow these guidelines or if my personal behavior is disruptive or inappropriate.

School or Organization Name: _____

Student or Non-Employee Name (Please Print): _____

Student or Non-Employee Signature: _____ Date: ___/___/___

Parent/Legal Guardian Signature (if Minor) _____ Date: ___/___/___