

Louisiana State University
Health Sciences Center - Shreveport

CONFIDENTIALITY AGREEMENT

Louisiana State University Health Sciences Center – Shreveport has a legal and ethical responsibility to safeguard the privacy of all patients and protect information that is defined as confidential. Confidential information includes oral communication, information contained in the manual documentation as well as information stored in the facility's computer systems. Patient, personnel, financial and other business records contain confidential information.

I understand that information regarded as confidential must be maintained in the strictest of confidence. As a condition of my affiliation with LSUHSC, I hereby agree that I will not at any time during or after my affiliation with LSUHSC, disclose any confidential information to any person, other than as necessary in the course of my affiliation with LSUHSC, and when accompanied by the appropriate, authorized personnel. I understand that I am directly responsible for the accuracy and completeness of data entries which are entered into the facility's storage media.

Information in the facility's storage media may be accessed only by authorization from the Assistant Dean for Information Technology; computer system access is granted only to persons who have submitted a written application, and have been issued user identification codes. I understand that all user identification codes and passwords are confidential, and may not be shared or disclosed to any other person.

It is a crime punishable by fine and or imprisonment to reveal user identification codes or passwords (La. R.S. 14.73.1 et seq.). Using another employee's user identification code/password or giving your user identification code/password to another person may result in disciplinary action, which may include suspension and/or termination.

I understand that it constitutes a Security violation to fail to sign off when leaving the computer unattended; accessing any medical or employment record without appropriate need or approval; requesting another employee to access my employment or medical record; allowing another employee to utilize my password; accessing medical or employment records without having a legitimate reason; using another employee's access code, revealing confidential information of patients, employees or business/financial details, etc. All security violations will be reported to and investigated by the appropriate authorities.

My signature below indicates I have read the Security, Confidentiality and Integrity of Information Policy and have been given the opportunity to have any questions regarding this statement explained to me, and the failure to abide by this agreement may result in disciplinary action, including dismissal from employment, according to the Civil Service Rules and Regulations, LSU System Guidelines, applicable Medical Staff Bylaws and Louisiana State Law.

Please Print Your Name Here: _____

Employee's Signature

Social Security No.

Date

White - Human Resources

Canary - Department