

NorthShore University HealthSystem  
Confidentiality Agreement  
(non-NorthShore Employees)

As a non-NorthShore University HealthSystem (NorthShore) employee, I understand that I will have access to confidential NorthShore information and business related materials (i.e., corporate documents (e.g., payroll), patient demographic information, patient medical record documentation, personnel information, non-public business information, computer access codes, computer system information, quality assurance information, etc.) (collectively hereinafter referred to as "Confidential Information"). I understand that I must obtain a HIPAA waiver or authorization in conformance with all applicable laws prior to receiving and viewing any confidential information. I understand and agree that I will comply with federal and state regulations, NorthShore policies and procedures and the Code of Ethics and Business Conduct regarding accessing such Confidential Information. As a condition of my employment, I will treat all Confidential Information as strictly private, whether written or oral, stored electronically or in paper form, and I will not disclose such Confidential Information without prior authorization from the patient or legal representative, if appropriate, or NorthShore manager, if the information is business-related. I understand that I may have access to Confidential Information that is unrelated to or outside my direct business need. When authorized, I will access and/or disclose Confidential Information only on a business need-to-know basis. I agree that I will not share Confidential Information at any time with any person not authorized to receive such information. If I am unsure about the confidential nature of specific information, I understand that I must ask my supervisor or contact Health Information Record Services (HIRS) for clarification.

I understand and agree to the following criteria regarding the **authorized release of patient information from any medical (electronic/non-electronic) record**:

- Patient information may be shared with healthcare team members who are responsible for the care of the patient in order to provide continuity of care;
- NorthShore must obtain written authorization to share patient information unless it is being used for treatment, payment, healthcare operations; when disclosure is required by law; or when the disclosure is otherwise permitted by law as disclosed in the NorthShore Notice of Privacy Practices (refer to AD04-8024). When patient information is disclosed for payment or healthcare operations only the minimum necessary to complete the task may be shared.
- I may not discuss patient information in public areas such as, but not limited to, elevators, cafeterias or gift shops;
- Questions related to the appropriate release of medical information should be directed to Health Information Records Services (HIRS); and
- I must otherwise disclose or release patient information in accordance with NorthShore Policies and Procedures.

I understand and agree to the following criteria regarding **access to patient medical information**:

- I must notify the Information Systems Help Desk immediately if my user ID or password (hereinafter referred to as "security code") is accidentally revealed and/or if I believe my security code is being used by someone other than myself;
- I will safeguard my security code in an effort to decrease the possibility of accidental disclosure; and
- I must access patient information in accordance with NorthShore Policies and Procedures.

I understand and agree to the following criteria regarding **access to my own/my family members' medical information from any medical (electronic/non-electronic) record**:

- I understand that if I have electronic access to patient information (e.g., billing information, registration information, diagnostic test results), I can view my own information, however, I may not print the information. Copies of my hospital records must be obtained from the Health Information Record Services Department (HIRS). Copies of my physician records must be obtained from the physician practice.
- Per federal and state guidelines, I understand that as a non-NorthShore employee, I cannot view or access my own family members' hospital or physician information, including minors, when I am not a member of the treatment team, without written authorization from that family member or the legal guardian when applicable by law. I also understand that prior to accessing such information, the written authorization for hospital records must be submitted to HIRS and the written authorization for physician office records must

be submitted to the physician office Practice Manager for approval. Once the patient's authorization is obtained when required by law, access will be approved.

- Also, I cannot view or access others' (i.e. co-worker, neighbor) information without obtaining **prior** written authorization from that individual or representative, as appropriate, and submitting the authorization to HIRS or the physician office Practice Manager for **prior** approval.
- If I do not have access to my medical information, I understand that I must contact HIRS to obtain a copy of my hospital records and contact the physician practice for my physician office records.

I understand and agree to the following criteria regarding **internet/intranet/email**:

- I understand that while mail within the NorthShore organization is secured, mail on the Internet is not secure. Email containing patient medical information should always be considered Confidential Information and never be sent over the Internet (outside NorthShore).
- I understand that I may send Confidential Information, for permitted purposes, including treatment, payment, or healthcare operation purposes, to anyone who has a northshore.org account as the account is protected. If I do send confidential medical information to someone who has a northshore.org account, I understand that I may not include the patient's name and/or subject in the subject line of the email.

I understand and agree to the following criteria regarding **security codes**:

- I understand that my personal security code for computer and voicemail access may not be shared with any persons, other than my supervisor, and will be safeguarded by me.
- I agree not to use a code, access a file, or retrieve any stored communication unless authorized. I realize that I am responsible for all work performed under my security code.
- I will not use another person's security code to access information.
- I understand that when I leave my computer terminal I will log-off NorthShore systems and networks or use a security code-protected screen saver.
- I understand that all electronic communication systems and all information transmitted by, received from, or stored in these systems are the property of NorthShore. I also understand that these systems are to be used for job-related purposes, although limited appropriate use is permitted (see Electronic Communications policy for appropriate use), and that I have no expectation of privacy in connection with the use of these systems or with the transmission, receipt, or storage of information in these systems.

I understand that NorthShore reserves the right to access and disclose the contents of electronic mail or telephone messages without notification or permission from individual granted privileges sending or receiving messages, whenever warranted for appropriate business needs or legal requirements (refer to the Electronic Communication Policy #HR02-51050-1003).

I understand that NorthShore has a right to monitor my use of all electronic equipment and telecommunications for business and/or legal reasons. Such monitoring may include printing, reading, and disclosing all email entering, leaving, or stored in these systems.

I understand that any violation of this Confidentiality Agreement may result in loss of privileges and may also subject an individual to legal action.

I understand that if I have reason to believe this policy is being violated, I have the responsibility to contact the Corporate Compliance 24-hour confidential Helpline at 1-877-ASK-3642.

I understand and agree that if NorthShore University HealthSystem is required to enforce any of the terms of this Agreement and it is determined that I have violated any terms of the Agreement, I am responsible for costs and reasonable attorneys' fees of NorthShore University HealthSystem. I also agree that a violation of this Agreement will cause continuing, substantial and irreparable harm to NorthShore University HealthSystem and acknowledge and agree that immediate injunctive relief is appropriate in the event the Agreement is violated.

I understand and agree that I will submit to the jurisdiction in Cook County, Illinois for any violations of this agreement.

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I have received and agree to comply with the NorthShore Confidentiality Agreement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name