

Confidentiality and Non-Disclosure Agreement for access to medical images

Organizational information that may include, but is not limited to, financial, patient identifiable, employee identifiable, intellectual property, financially non-public, contractual, of a competitive advantage nature, and from any source or in any form (i.e. paper, magnetic or optical media, conversations, film, etc.), may be considered confidential. (Information's confidentiality and integrity are to be preserved and its availability maintained). The value and sensitivity of information is protected by law and by the strict policies of Grossman Imaging Centers & Community Memorial Health System. The intent of these laws and policies is to assure that confidential information will remain confidential through its use, only as a necessity to accomplish the organization's mission.

As a condition to receiving a computer sign-on code and allowed access to a system, and/or being granted authorization to access any form of confidential information identified above, I, the undersigned, agree to comply with the following terms and conditions:

1. My Sign-On Code is equivalent to my LEGAL SIGNATURE and I will not disclose this code to anyone or allow anyone to access the system using my Sign-On Code.
2. I am responsible and accountable for all entries made and all retrievals accessed under my Sign-On Code, even if such action was made by me or by another due to my intentional or negligent act or omission. Any data available to me will be treated as confidential information.
3. I will not attempt to learn or use another's Sign-On Code.
4. I will not access any on-line computer system using a Sign-On Code other than my own.
5. I will not access or request any information I have no responsibilities for. In addition, I will not access any other confidential information, including personnel, billing or private information.
6. If I have reason to believe that the confidentiality of my User Sign-On Code/password has been compromised, I will immediately change my password and notify Grossman Imaging Centers Information Systems Department.
7. I will not disclose any confidential information unless required to do so in the official capacity of my duties. I also understand that I have no right or ownership interest in any confidential information.
8. I will not leave a secured computer application unattended while signed on.
9. I will comply with all policies, procedures and other rules of Grossman Imaging Centers relating to confidentiality of information and sign-on codes.
10. I understand that my use of the system will be periodically monitored to ensure compliance with this agreement.
11. I agree not to use the information in any way detrimental to the organization and will keep all such information confidential.
12. I will not disclose protected health information or other information that is considered proprietary, sensitive, or confidential unless there is a need to know basis.
13. I will limit distribution of confidential information to only parties with a legitimate need-to-know in performance of the organization's mission.
14. I agree that disclosure of confidential information is prohibited indefinitely, even after termination of employment or business relationship, unless specifically waived in writing by the authorized party.
15. This agreement shall survive the termination, expiration, or cancellation of this agreement.

I further understand that if I violate any of the above terms, I will be subject to disciplinary action, which may include termination, loss of privileges, legal action for monetary damages or injunction, or both, or any other remedy available to Grossman Imaging Centers & Community Memorial Health System.

Company: _____ Contact number: _____

User's Full Name: _____ E-mail Address: _____
(Please Print)

User's Signature: _____ Date Signed: _____

Medical License No. _____

If you agree to the terms above, please sign and fax this form to the following number: 805-278-5579