



University of Arkansas for Medical Sciences

CONFIDENTIALITY AGREEMENT

GENERAL CONFIDENTIALITY AGREEMENT -

I, the undersigned, reviewed and understand the following statements:

- All patient, employee, student, and proprietary information are considered confidential and should not be used for purposes other than its intended use.
I have an ethical and legal obligation to protect confidential information used or obtained in the course of delivering healthcare or performing other duties and understand that all policies on confidentiality apply equally to data stored both in the computer and on paper records
Authorization to disclose information is made only by managers and only on a need-to-know basis as part of healthcare delivery, education, or research.
Media contacts concerning any patient, employee, student, or research project must be referred to the public relations office or to the appropriate Dean, Chancellor or Department Chairman.
Education Administrators are responsible for communicating UAMS' confidentiality policy to their students.
Unauthorized use of, or access to, confidential information may result in discipline up to and including termination of employment and/or dismissal from an academic program. Violation of confidentiality may also create civil and criminal liability.

COMPUTER ACCESS CONFIDENTIALITY AGREEMENT - Persons with Computer Access

I, the undersigned, acknowledge that in the course of my work at UAMS or with personnel located at UAMS, I will be privileged to information confidential to UAMS or to an individual patient, employee, or student. I acknowledge receipt of my sign-on code to the UAMS Network and Systems and understand the following:

- My application systems (any patient record, student record, or financial record systems) sign-on and password code(s) are equivalent to my signature.
I will be responsible for any use or misuse of my network or application system sign-on code(s).
I will not attempt to access information on the UAMS network except to meet needs specific to my job/position.
I, the undersigned, further understand and agree that the consequences of a violation of the above statements may result in disciplinary action up to and including termination, dismissal from an academic program, loss of privileges, or termination of the relationship.

Signed: _____ SSN # _____ Date: _____

Print Name: _____

First Name Middle Initial Last Name

Department: _____

Witness/Manager's Signature: _____ Date: _____

Department Head Signature: _____ Date: _____

(If Vendor then Department Head Signature required)

(Please fax completed form to Ellie Dickinson, fax 501-686-8104)