

CONFIDENTIALITY AGREEMENT

As a condition of my employment, continued employment or relationship with UAMS, I agree to abide by the requirements of the UAMS Confidentiality Policy and with federal and state laws governing confidentiality of a patient's Protected Health Information, and I agree to the terms of this Confidentiality Agreement.

I understand and agree that if I access, use or disclose Confidential Information in any form – verbal, written, or electronic – in a manner that is inconsistent with or in violation of the Confidentiality Policy, UAMS may impose disciplinary action, including but not limited to, immediate termination of employment, dismissal from an academic program, loss of privileges, or termination of relationship with UAMS.

I understand that when I receive a sign-on code to access the UAMS Network and Systems, I have agreed to the following terms and conditions:

- The sign-on and password codes assigned to me are equivalent to my signature, and I will not share the passwords with anyone.
- I will be responsible for any use or misuse of my network or application system sign-on codes.
- I will not attempt to access information on the UAMS Network and Systems except to meet needs specific to my job or position at UAMS.

I acknowledge that I have read the terms of this Confidentiality Agreement, and that I have received a copy.

_____ SS# _____
(Signature)

Print Full Name: _____

Date: _____ Department: _____

Witness at UAMS Orientation only, otherwise not required: _____

Supervisor/Manager's Signature: _____ Date: _____

(If Vendor, then Department Head Signature required)

Department Head Signature: _____ Date: _____

(Please return completed form to UAMS IT Security Office, #802)