

Confidentiality Statement and Agreement

I understand that Lowell General Hospital has a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of their health information. Additionally, Lowell General Hospital must assure the confidentiality of its human resources, clinical, payroll, fiscal, computer systems, and management information (collectively, “Confidential Information”).

In the course of my employment/assignment/affiliation at Lowell General Hospital, I understand that I may come into the possession of Confidential Information. I further understand that I must sign and comply with this agreement in order to get authorization for access to any of Lowell General Hospital’s Confidential Information.

1. I will not disclose or discuss any Confidential Information with others, including friends or family, who do not have a need to know it. In addition, I understand that my personal access code, user ID(s), and password(s) used to access computer systems are also an integral aspect of this Confidential Information.
2. I will not access or view any Confidential Information, or utilize equipment, other than what is required to do my job.
3. I will not access friends or family patient account/medical record. I will not access my own patient account/medical record/employee file. I understand I have a right as a patient/employee to view this information, but must do so through the proper channels via the medical records department or my physician for the medical record, patient accounting for billing information, and human resources for HR/Payroll information.
4. I understand it is prohibited to copy, move or store Patient/Employee Personnel Information onto local hard drives when accessing such data via remote-access technologies.
5. I understand it is prohibited to copy, move or store Patient/Employee Personnel Information onto removable electronic media.
6. I will not discuss Confidential Information where others can overhear the conversation (for example, in hallways, elevators, in the cafeteria, on public transportation, in restaurants, and at social events). It is not acceptable to discuss Confidential Information in public areas even if a patient’s name is not used. Such a discussion may raise doubts among patients and visitors about our respect for their privacy.
7. I will not make inquiries about Confidential Information for other personnel who do not have proper authorization to access such Confidential Information.
8. I will not willingly inform another person of my computer password or knowingly use another person’s computer password instead of my own for any reason.
9. I will not make any unauthorized transmissions, inquiries, modifications, or purgings of Confidential Information in Lowell General Hospital’s computer system. Such unauthorized transmissions include, but are not limited to, removing and/or transferring Confidential Information from Lowell General Hospital’s computer system to unauthorized locations (for instance, home).
10. I will respect patient confidentiality when accessing information from a remote location, such as an office or home.

11. I understand any activity that may potentially compromise LGH's network infrastructure, cause harm to other related systems or pose a significant financial, operational or business threat to LGH because of misuse of social media will not be tolerated and may result in disciplinary action, up to and including termination of employment and/or suspension.
12. I will log off any computer or terminal prior to leaving it unattended.
13. I will comply with any security or privacy policy promulgated by Lowell General Hospital to protect the security and privacy of Confidential Information.
14. I will immediately report to my supervisor any activity, by any person, including myself, that is a violation of this Agreement or any of Lowell General Hospital's information security or privacy policy. The transgression will in turn be reported to the Chief Information Officer for review.
15. Upon termination of my employment, I will immediately return any documents or other media containing Confidential Information to Lowell General Hospital.
16. I agree that my obligations under this Agreement will continue after the termination of my employment.
17. I understand the violation of this Agreement may result in disciplinary action, up to and including termination of employment and/or suspension and loss of privileges, in accordance with the Lowell General Hospital's Confidentiality of Computerized Information Policy, as well as legal liability.
18. I further understand that all computer access activity is subject to audit.