



KAISER PERMANENTE®

Kaiser Permanente—Northwest Region Confidentiality Agreement for Employees, Consultants, Contractors, Agency Personnel, Volunteers, Students and Associates

Kaiser Foundation Health Plan of the Northwest, Inc., and Kaiser Foundation Hospitals, Inc., (Kaiser Permanente) have a legal and ethical responsibility to protect the privacy and security of patients, members, employees, dentists, and physicians. Kaiser Permanente also has a responsibility to ensure the security of its proprietary business information.

Employees, consultants, contractors, agency personnel, volunteers, students, and other associates of Kaiser Permanente must follow all applicable laws, regulations, rules, guidelines, policies and procedures. They must not misuse Kaiser Permanente information. Kaiser Permanente information includes medical and employee information. It also includes the confidential and privileged business information that belongs to Kaiser Permanente. People must not use, remove, or disclose Kaiser Permanente information without permission.

I understand that I have a personal, professional, ethical, and legal obligation to uphold the principles described in this agreement. I will abide by the statements below.

- ◆ I will protect the confidentiality, security, and privacy of Kaiser Permanente information. To do this, I will follow all laws, regulations, and accreditation standards.
- ◆ During my work, I may need to access or use proprietary or confidential information. I will not access, review, discuss, copy, disclose, or use this information outside of my regular job duties.
- ◆ I will protect information from accidental or unauthorized use or disclosure. This includes ~~review~~ copying, modification, destruction, distribution, removal, or disclosure. I will take steps to protect the confidentiality and security of information. If I see a confidentiality or security problem area, I will inform a Kaiser Permanente supervisor or manager.
- ◆ I will not retrieve, review, discuss, copy, or use information not related to my work. I will not disclose information to unauthorized persons who are not part of the patient's health care team, the patient's family or friends, or persons who do not have a legitimate need to know.
- ◆ I understand that I should not access any protected health information except records related to my job. I will access records only when I need information to do my job. I agree to follow the policies and procedures of Kaiser Permanente to access records.
- ◆ I will follow all federal law, state law and policies and procedures related to "specially protected" information. HIV/AIDS, Reproductive Rights (Abortion and Contraception), Genetics, Minors, Chemical Dependency, Mental Health and Research related information are protected by very specific law and regulations. I will consult my Kaiser Permanente supervisor or manager for direction anytime I am unclear as to the interpretation of these rules or if I have any questions of requests made of me for information.
- ◆ I agree that the information I have access to during the course of my employment, work, or association with Kaiser Permanente belongs to Kaiser Permanente. If Kaiser Permanente requests, I will promptly return Kaiser Permanente's information.

- ◆ I will not tell any unauthorized person my passwords (computer logon identification (ID), ~~access~~ codes, etc.). I will not obtain, possess, or use any other person's computer logon ID or other access code and password. If someone gives me another person's password, I will notify my Kaiser Permanente supervisor or manager.
- ◆ I will take reasonable precautions to prevent introducing or spreading computer viruses and not circumvent any Kaiser Permanente data protection measure.
- ◆ I am responsible for any computer that is assigned to me, yet it is the property of Kaiser Permanente. An authorized representative may access my assigned computer at any time. The representative may also access any installed software or data. I understand that if I have Kaiser Permanente files on a computer that I own, Kaiser Permanente has a right to those files. An authorized representative may access that information at any time.
- ◆ I will take measures that will protect Kaiser Permanente information on home or ~~mobile~~ computing devices and protect the security of the computer network.
- ◆ Kaiser Permanente software and proprietary information belong to the company. I will not ~~sell~~ disclose, distribute, or otherwise disseminate either without written permission from an authorized Kaiser Permanente representative.
- ◆ I will follow all communications regarding policies and procedures. This includes current and future policies and procedures. I will follow these policies and procedures as long as I am employed by or associated with Kaiser Permanente. I will be permanently bound by the law and regulations even after my employment with Kaiser Permanente ends.

I understand that I must not violate federal and state confidentiality requirements, including Health Insurance Portability and Accountability Act (HIPAA); 42 CHR, Part 2; this confidentiality agreement; Kaiser Permanente policies and procedures and other standards that may be implemented during the course of my employment, work, or association with Kaiser Permanente. These requirements do not cease at the time I terminate my relationship with Kaiser Permanente. If I violate the agreements in this document, I will be breaking my obligations to Kaiser Permanente. I may face corrective action. This may include losing my job, having my contract or other relationship terminated, or other consequences allowed by the law. The corrective action may take place during or after my employment, work, or association with Kaiser Permanente.

By signing below, I confirm that I have read and understand the above statement.

Printed name	Signature	Date

Parent/Guardian Signature (if under age 18)	Date

Copies to: Signator
 Supervisor file
 Original to: Human Resources/KPB