UNIVERSITY of ROCHESTER

Confidentiality Statement

I Understand That:

- **I am responsible and held accountable for keeping electronic and hardcopy data, information, and information assets classified as High-Risk or Moderate-Risk (i.e. "confidential") in strict confidence.** Examples of confidential information includes, but are not limited to, protected health information (PHI), medical records systems and records, personal identifiable information (PII), e-mail, telephone calls, voice mail records, payroll, financial systems, payment card information (PCI), computer applications, computer source-code, and other data, information, and information asset classified as High-Risk or Moderate-Risk.
- **I am not permitted to access, view, and alter (change) confidential information unless I have received authorization as required to complete my job responsibilities, and that I will access, view, and alter (change) only the confidential information records needed to perform those job duties.**
- **I am not permitted to alter my own confidential medical and/or any associated information, and to alter my confidential medical or any associated information, I will contact my physician and/or the Health Information Management (medical records) Department.**
- **HIV, mental health, and drug or alcohol counseling records are classified as High-Risk information and are therefore considered confidential, and that I may be subject to legal sanctions in addition to disciplinary actions if I improperly disclose (release) or permit the disclosure of information contained in these records.** I understand that such improper disclosure by me of confidential HIV patient information is a criminal misdemeanor under New York State law, which could result in a fine or jail sentence or both. I understand if I improperly disclose or permit the disclosure of information relative to a patient's treatment for drug or alcohol abuse, I may be subject to criminal penalties including payment of a fine ranging from $500 to $5,000 or more, as stipulated in the laws and regulations then in effect.
- **I am responsible and will be held accountable for securing my authentication and access authorization mechanisms including passwords for all information systems.** This means I will protect my means for accessing confidential systems, applications, data, information, and information assets so that others will not have access via my authentication and authorization mechanism including my passwords.
- **I am responsible for knowing and abiding by published University information security policies and other related policies.** This includes, but is not limited to, the Data Security Classification policy and policies related to proper confidential electronic and hardcopy data handling, protection, disposal, and retention.
- **It is my responsibility to notify my supervisor, the Information Security Office, the Compliance Office, or Legal Counsel if I become aware of any unauthorized access and/or disclosure of confidential information.**
- **I will seek clarification from my supervisor, the Information Security Office, the Compliance Office, or Legal Counsel on any of the above whenever I have questions or concerns.**

I understand unauthorized access and/or disclosure of confidential information will <u>result in disciplinary action, up to and including termination of my employment</u> and may also result in criminal penalties under Federal, New York State, and/or Local law.

Signature Date

Print Name Date

Last Revised April 2021