



Confidentiality Statement

I Understand That:

- **Legally Restricted, Confidential, and Internal University Use Only information relating to patients, the organization, employees, and students is to be kept in strict confidence.** This includes information from sources, including, but not limited to, medical records, e-mail, telephone calls, voice mail records, inter/intranet, payroll, financial systems, patient registration systems, and all other computer applications.
- **Access to patient, employee or student information will only be done if it is required by my job responsibilities, and limited to only viewing needed records.**
- **I am not permitted to view or alter (change) information unless required to complete my job responsibilities.**
- **I am also not permitted to alter my own medical and/or any association information. To alter my medical 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 considered Legally Restricted Information.** I am aware 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 passwords for all information systems.** This means I will protect my password so others will not learn or use it.
- **I am responsible for knowing and abiding by University policies.** This includes policies related to proper data handling, disposal, and retention.
- **It is my responsibility to notify my supervisor or the Compliance Office if I become aware of any unauthorized disclosure of confidential information.**
- **I will hold in confidence University confidential information, including but not limited to University of Rochester Medical Center and affiliates, employee and student data. .** This includes information which affiliates may have obtained from outside sources, such as referrals.
- **I will seek clarification on any of the above whenever I have questions or concerns.**

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

Signature

Print Name

Date

Witness

Date