



Ascension Seton

Research Volunteer Program Confidentiality and Security Agreement

I understand that Ascension Seton manages health information as part of its mission to treat patients. Further, I understand that Ascension Seton has a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of their patients' health information. Additionally, Ascension Seton must assure the confidentiality of its human resources, payroll, fiscal, research, internal reporting, strategic planning information, or any information that contains Social Security numbers, health insurance claim numbers, passwords, PINs, encryption keys, credit card or other financial account numbers (collectively, with patient identifiable health information, "Confidential Information"). During my volunteering at Ascension Seton, I understand that I may come into the possession of this type of Confidential Information. I will access and use this information only when it is necessary to perform my duties as a research volunteer in accordance with Ascension Seton's Privacy and Security Policies, which are available on the Ascension Seton intranet. I further understand that I must sign and comply with this Agreement to obtain authorization for access to Confidential Information or Ascension Seton systems.

□ General Rules

1. I will act in the best interest of Ascension Seton and in accordance with its Code of Conduct at all times during my relationship with Ascension Seton.
2. I understand that I should have no expectation of privacy when using Ascension Seton's information systems. Ascension Seton may log, access, review, and otherwise utilize information stored on or passing through its systems, including email, to manage systems and enforce security.
3. I understand that violation of this Agreement may result in disciplinary action, up to and including termination, in accordance with Ascension Seton's policies.

□ Protecting 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. I will not take media or documents containing Confidential Information home with me unless specifically authorized to do.
2. I will not publish or disclose any Confidential Information to others using personal email, or to any Internet sites, or through Internet blogs or sites such as Facebook or Twitter. I will only use such communication methods when explicitly authorized to do so in support of Ascension Seton's business and within the permitted uses of Confidential Information as governed by regulations such as HIPAA.
3. I will not in any way divulge, copy, release, sell, loan, alter, or destroy any Confidential Information except as properly authorized. I will only reuse or destroy media in accordance with Ascension Seton Information Security Standards and record retention policy.

4. During interacting with patients, I may need to orally communicate health information to or about patients. While I understand that my first priority is the patients, I will take reasonable safeguards to protect conversations from unauthorized listeners. Such safeguards include but are not limited to: lowering my voice or using private rooms or areas where available.
5. I will not make any unauthorized transmissions, inquiries, modifications, or purging of Confidential Information.
6. I will not transmit Confidential Information outside Ascension Seton's network unless I am specifically authorized to do so. If I do transmit Confidential Information outside of Ascension Seton using email or other electronic communication methods, I will ensure that the Information is encrypted according to Ascension Seton Information Security Standards.
7. **I will NOT access my own health records or those of my family. I understand that doing so will lead to immediate termination.**

□ **Following Appropriate Access**

1. I will only access or use systems or devices I am officially authorized to access and will not demonstrate the operation or function of systems or devices to unauthorized individuals.
2. I will only access software systems to review patient records or Ascension Seton information when I have a need to know, as well as any necessary consent. By accessing a patient's record or Ascension Seton information, I am affirmatively representing to Ascension Seton at the time of each access that I have the requisite business need to know and appropriate consent, and Ascension Seton may rely on that representation in granting such access to me.

□ **Using Portable Devices and Removable Media**

1. I will not copy or store Confidential Information on removable media or portable devices such as laptops, personal digital assistants (PDAs), cell phones, CDs, thumb drives, external hard drives, etc., unless specifically required to do so. If I do copy or store Confidential Information on removable media, I will encrypt the information while it is on the media according to Ascension Seton Information Security Standards
2. I understand that any mobile device (Smart phone, PDA, etc.) that synchronizes company data (e.g., Ascension Seton email) may contain Confidential Information and as a result, must be protected. Because of this, I understand and agree that Ascension Seton has the right to:
 - a. Require the use of only encryption capable devices.
 - b. Prohibit data synchronization to devices that are not encryption capable or do not support the required security controls.
 - c. Implement encryption and apply other necessary security controls (such as an access PIN and automatic locking) on any mobile device that synchronizes

Ascension Seton data regardless of it being an Ascension Seton or personally owned device.

- d. Remotely "wipe" any synchronized device that: has been lost, stolen or belongs to a terminated employee or affiliated partner.
 - e. Restrict access to any mobile application that poses a security risk to the Ascension Seton network.
3. I will not use a mobile device in the patient care area. I understand and agree that any photos/videos taken with a mobile device are strictly prohibited.

□ **Upon Termination**

- 1. I agree that my obligations under this Agreement will continue after termination of my relationship ceases with Ascension Seton.
- 2. Upon termination, I will immediately return any documents or media containing Confidential Information to Ascension Seton.
- 3. I understand that I have no right to any ownership interest in any Confidential Information accessed or created by me during and in the scope of my relationship with Ascension Seton.

By signing this document, I acknowledge that I have read this Agreement and I agree to comply with all the terms and conditions stated above.

Research Volunteer Signature	Date
Research Volunteer Printed Name	