

Acknowledgement of Compliance Education and Computer Security Requirements and Confidentiality Agreement

CY22 Annual Compliance Training

Instructions: LVHN requires you to sign the Confidentiality Agreement as a working student on an annual basis. Listed below are some important points to remember regarding computer security and protecting confidential information. Please refer to the [HIPAA Confidentiality](#) and [HIPAA Release of Protected Health Information](#) policies located in Policy Tech for more detailed information.

By electronically signing this document, you acknowledge that you have read and understood its contents. Please read this document carefully.

Computer Security

Computer security is critical to keeping our medical computer systems operational. You, the user of the system, are our first line of defense against security problems.

Never....

- Let anyone else use your password or account
- Use anyone else's user name and password, even if requested
- Use LVHN computer resources for anything other than business purposes
- Use personally owned computer equipment for work purposes, unless you access your account through the LVHN secure network.

Emails and other user activity are not normally monitored by LVHN. But, all user activity is recorded and may be accessed, if necessary, to resolve security or other issues.

Duty to Maintain Confidentiality

Your job may require access to confidential information. This could include:

- Patient related information
- Financial information
- Operational information
- Personnel data

Access to confidential information is a privilege. Extreme care must be taken not to abuse this access.

The level of access granted to you is based on a "need to know" standard. This means that you are granted access to the data necessary to perform your job.

You are not permitted to access information that is not necessary to do your job. *Doing so could result in disciplinary action, up to and including termination.*

You can share data with others when required as part of your job, and you must store and/or dispose of sensitive information in a secure manner. Do not discuss patient related information in the hallways, elevators, lunchroom, or any location where the discussion might be overheard by others.

Do not post patient or proprietary LVHN information anywhere on the Internet, including social media sites.

Your user ID and password are confidential. *Do not share your passwords with anyone!*

You accept full responsibility for the use of your sign-on information.

Please complete the *Confidentiality Agreement* that follows.

Lehigh Valley Health Network

Confidentiality Agreement

I understand that as an employee of Lehigh Valley Health Network (along with its components and subsidiaries), member of the medical staff, allied health professional, physician office employee or non-hospital patient care provider or support personnel (volunteer, intern, student, contractor, vendor, etc.), the performance of my job may require me to access or become aware of the following confidential information:

- Patient health care and financial information
- Employee personnel, compensation and health care information
- Physician and allied health professional performance and personnel information
- Business information relating to Lehigh Valley Health Network

I understand that access to and use of this information in verbal, written, or electronic (stored in a computer) form is a privilege. I also understand that access to information is granted to me based on business or clinical “need to know” standards and the responsibilities of my job as an employee or non-hospital patient care provider or member of support personnel.

I understand that I may not seek information that is not required by me to do my job. I also understand that I may share information only when necessary to do my job. I agree to store and dispose of information which I use in a way that ensures continued security and confidentiality. In addition, I am permitted to access my own non-sensitive health information or information pertaining to an immediate family member, provided I follow the procedures set forth under the Administrative Policies entitled “HIPAA – Release of Protected Health Information” and “HIPAA – Confidentiality”.

I understand that the methods I use to access information may only be used in the performance of my job. If I require special authorization to access computer-based information, I understand that my computer sign-on information may only be used by me.

I also understand that I may not share my sign-on information with anyone and that this information is the same as my written signature. I accept full responsibility for any use of my sign-on information.

Duty to Adhere to Compliance Policies and Code of Conduct

I understand that Lehigh Valley Health Network has a Compliance Program and I acknowledge that I have been provided education regarding the program. I also understand that I have a role in preserving Lehigh Valley Health Network's integrity and thus have an obligation to report potential compliance issues. I am aware that the Compliance Hotline number is 1-877-895-2905 and that I can report compliance issues by filling out a form on the Internet at www.LVHN.ethicspoint.com.

I declare that I have read and understand this agreement. I have had an opportunity to ask questions and have them answered. I recognize that disclosing confidential information at any time during or after my employment or affiliation with Lehigh Valley Health Network may cause irreparable damage to Lehigh Valley Health Network, its patients, or health care providers. Accordingly, Lehigh Valley Health Network or the owner of such information may seek legal remedies against me, such as fines, criminal penalties, suspension or termination of employment.

No disciplinary action will be taken if an employee reports compliance concerns in good faith.

Name: _____ Signature: _____ Date: _____