

CONFIDENTIALITY STATEMENT



As a health care facility and employer, St. Clare Hospital has an obligation to maintain the confidentiality of health care and employment-related information relating to its patients, employees, and business operations (financial, payroll and strategic information), respectively.

As a student at St. Clare Hospital, you may learn or have access to such confidential information and because of this access you are responsible to maintain such confidentiality.

Confidential information is protected by federal and state law as well as internal St. Clare policies. The intent of these laws and policies is to assure that personal and sensitive information will remain confidential. Each person accessing such information holds a position of trust relative to this information and must recognize the responsibilities entrusted in preserving the confidentiality of this information. Therefore, anyone who is authorized to access patient and employee information must read this Confidentiality Statement and comply with the following obligations.

1. I understand that the presence of and treatment of patients is confidential
2. I will only collect and access confidential information that is reasonably necessary for me to perform my employment duties.
3. I will use confidential information only as needed to perform my employment duties.
4. I will not in any way divulge, copy, release, sell, loan, alter or destroy any confidential information except as properly authorized by St. Clare policies. I will not electronically transmit confidential information in a manner that is not secure.
5. I will not misuse or negligently care for confidential information. At all times during my employment I will safeguard all confidential information and will not attempt to gain access to information that I am not authorized to see. Where my authorized use or communications of confidential information result in allowable incidental disclosures, I will use appropriate safeguards to minimize the degree of incidental disclosure.
6. I will safeguard and will not disclose my access codes, passwords or any other authorizations I may have that allow me to access confidential information. I will accept responsibility for all activities undertaken using my access codes, passwords or other authorizations. Under specific circumstances access codes and passwords may need to be shared in order for business operations to continue. Occasions for sharing passwords are rare exceptions and must be minimized. Once a password is shared it should be changed to preserve future transactions are confidential.
7. I will be responsible for my misuse or wrongful disclosure of confidential information and my failure to safeguard my access to confidential information.
8. I understand that my failure to comply with this Statement may result in disciplinary action up to and including loss of my employment.
9. I understand my responsibility to report to my instructor any inappropriate use or disclosure of confidential information that I observe.
10. Should there be any questions or concerns regarding confidential information you should consult with your instructor who may consult with the respective director/administrative representative.

I acknowledge I have received and read my accountabilities under this Confidentiality Statement.

Date _____

Name (Please print) _____

Signature _____