UW Medicine
Workforce Members

Privacy, Confidentiality, and Information Security Agreement

It is the responsibility of all UW Medicine workforce members to protect the privacy, security, and confidentiality of any information to which they are given access. All UW Medicine workforce members (including faculty, employees, trainees, volunteers, and other persons who perform work for UW Medicine) who utilize computing systems, resources, and data, are responsible for the confidentiality and security of their User ID (s) and Password(s) which provide access to University of Washington and/or UW Medicine computer systems. It is also the responsibility of all workforce members to protect the confidentiality of the information they are provided using those credentials. Examples of access credentials are the UW Net ID and password and the UW Medicine login and password. **I understand and acknowledge the following:**

Policies and Regulations:

- I will comply with UW and UW Medicine policies.
  Privacy: http://depts.washington.edu/comply/privacy.shtml
  Information Security: http://security.uwmedicine.org/Policies/default.asp
- I will support compliance with federal and state statutory and regulatory requirements (45 CFR Parts 160 and 164, American Recovery and Reinvestment Act of 2009 (ARRA) Health Information Technology for Economic and Clinical Health (HITECH) Act).
- I will report all known privacy violations to the UW Medicine Compliance Privacy Program – 206 543-3098 or comply@uw.edu.
- I will report all suspected security events and security policy violations to my IT Support/Help Desk.

Confidentiality of Information:

- I will limit my access, use, and disclosure of patient information to the minimum amount necessary to perform my authorized activity or duty.
- I will maintain the confidentiality of all information, including patient information, confidential information, restricted information, and/or proprietary information to which I am given access privileges.
- I will use and/or disclose patient, confidential, or restricted information only as allowed by my job duties.
- I will only discuss patient, confidential, or restricted information in the work place and only with those who have a need-to-know and the authority to receive the information.
- I will take care to discuss patient, confidential, or restricted information in a private setting and not hold such conversations where they can be overheard by those without a need-to-know.

Inappropriate Use or Disclosure:

- I will report any improper access or disclosures to Compliance.
- I understand that my access will be monitored to assure appropriate use.

Computer Access Privileges:

- I will ensure that my use of UW & UW Medicine computers, email, computer accounts, networks, and information accessed, stored, or used on any of these systems is restricted to authorized duties or activities.
- I will only use my UW, UW Medicine or affiliates email account to conduct work related responsibilities and will not forward my email account or individual business related emails to a non-UW, UW Medicine or affiliates email account (e.g. personal email account or other employer provided email account).
- I will not electronically access the records of any person if not an assigned or job-related duty.
- I will not electronically access the UW Medicine records of my family members, including minor children, except for assigned job related duties. This also applies in cases where I may hold authorization or other legal authority from the patient.
- I will protect access to patient and other job-related accounts, privileges, and associated passwords; for example:
  - Commit password to memory or stored it in a secure place;

- Not sharing my password;
- Not logging on for others;
- Not making accesses or looking up information for others without proper authority.

- I understand that I will be held accountable for all accesses made under my login and password and any activities associated with the use of my account access privileges.
- I will only use my own credentials in accessing patient accounts and/or systems as provided to me for my job duties.
- I will log out or lock computer sessions prior to leaving a computer.

Computer Security:

- I will store all patient information, confidential information, restricted information, and/or proprietary information on secure servers, encrypted mobile devices, or other secure media.
- I will not change the computer configuration unless specifically approved to do so.
- I will not to disable or alter the anti-virus and/or firewall software.
- I will use only licensed and authorized software;
  - I will not download, install or run unlicensed or unauthorized software.
- I will use administrative permissions only when I am approved to do so and when required by job function;
  - If I perform system administrator function(s) I must use designated administrative accounts only for system administrative activities and use non-administrative user accounts for all other purposes.

I understand that failure to comply with this Privacy, Confidentiality, and Information Security agreement may result in disciplinary action up to and including termination of my status as a workforce member at the University to Washington. Additionally, the Department of Justice has the ability to levy criminal or civil penalties for inappropriate uses or disclosures of patient information.

By signing this Agreement, I understand and agree to abide by the conditions imposed above.

Print Name: _____

Department: _____ Job Title: _____

Signature: _____ Date: _____

Copy provided on _____ by _____ _____
Date Name supervisor, manager or designee Signature

☐ Provide copy of this Agreement to the workforce member. ☐ File original Agreement in departmental personnel or academic file.
(All signed Agreements must be maintained for 6 years)

Policies and Standards References:

1. University of Washington Administrative Policy Statements (APS), http://www.washington.edu/admin/rules/policies/APS/TOC00.html.:
   - APS 2.4 Information Security and Privacy Roles, Responsibilities, and Definitions
   - APS 2.5 Information Security and Privacy Incident Management Policy
   - APS 2.2 Privacy Policy
2. UW Medicine Privacy Policies: *http://depts.washington.edu/comply/privacy.shtml*
3. UW Medicine Information Security Policies & Standards: http://security.uwmedicine.org/Policies/default.asp