OVERLAKE Hospital Medical Center
Medical excellence every day™

OVERLAKE HOSPITAL MEDICAL CENTER CONFIDENTIALITY POLICY

In order to provide Medical excellence every day™ the Hospital collects a significant amount of personal information about patients and their immediate family members. In addition, information is collected and maintained about employees, physicians, vendors, and others involved in the daily activities of the hospital.

I understand that Overlake Hospital has a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of their health information. Additionally, Overlake Hospital must assure the confidentiality of its human resources, payroll, fiscal, research, computer systems, and management information (collectively "Confidential Information).

In the course of my employment/assignment at Overlake Hospital, I understand that I may come into the possession of Confidential Information.

I further understand that I must sign and comply with this policy in order to have authorization for access to any of Overlake Hospital's Confidential Information.

1. I will comply with any privacy policy promulgated by Overlake Hospital to protect the privacy and confidentiality of Confidential Information.
2. I agree that if I have any questions as to what comprises Confidential Information, or to whom it may be disclosed, I will consult with my supervisor.
3. I will use Confidential Information only as needed by me to perform my duties relating to and for the benefit of Overlake Hospital and its patients.
4. I will not disclose or discuss any Confidential Information with others, including friends or family, who do not have a need to know it.
5. I will not make inquiries about Confidential Information on behalf of or at the request of other individuals that do not have the proper authorization to access such Confidential Information.
6. I will not discuss Confidential Information where others can overhear the conversation (for example, in hallways, on elevators, social events etc). It is not acceptable to discuss Confidential Information in public areas even if a patient's name is not used. Such a discussion may raise doubts among patients and visitors about our respect for their privacy.
7. I understand that my personal access code, user ID(s), password(s) and device(s) used to access computer systems are not to be divulged or to be allowed to be used by others unless officially authorized by me, according to work assignments. I am the only person authorized to use or delegate to an approved designee my access code, user ID(s), password(s) and device(s). I accept responsibility for all activities undertaken using my access code, user ID(s), and/or password(s).
8. I will not in any way divulge, copy, transmit, release, sell, loan, revise, alter, or destroy any Confidential Information except as properly authorized within the scope of my job responsibilities relating to Overlake Hospital. This includes, but is not limited to, removing and/or transferring Confidential Information from Overlake Hospital's computer systems to unauthorized locations except as properly authorized within the scope of my job responsibilities relating to Overlake Hospital.
9. I will log out of the computer system after accessing confidential files.
10. If I have reason to believe that a patient's confidentiality or the confidentiality of my access code, user ID(s), and/or password(s) has been compromised, I will immediately report any known or suspected breach of confidentiality to my direct supervisor or the Privacy Officer who is the Director of Health Information Management.
11. I understand that I will no longer be allowed access to Confidential Information and that my access code, user ID(s), and password(s) will be inactivated upon notification that I no longer have a legitimate need for access to the information.

12. I understand that all computer access activity is subject to audit.
13. I understand that any violation of this policy based on management's right to set standards of performance, may result in disciplinary action, up to and including, as applicable, termination of my employment, suspension and loss of privileges, termination of my volunteer status, or termination of my independent contract relationship with Overlake Hospital, within the scope of any applicable collective bargaining agreements and/or human resource policies.

By signing this document, I acknowledge that I have read and understand this policy. I also understand if I have any questions I will consult my supervisor or the Privacy Officer.

_____
Signed Date

_____
Print Name

_____
School

HEALTH CARE COVERAGE

I understand that neither School nor Overlake Hospital Medical Center provide health care coverage for students.

I understand that I am responsible for any medical care costs incurred by me due to illness or injury, even if the injury occurs during clinical education course work at Overlake Hospital Medical Center.

I understand that, if I am injured at Overlake Hospital Medical Center, the hospital will provide emergency medical care or have me taken to an appropriate medical care facility. The cost of the care will be my responsibility.

It has been recommended that I carry my own health insurance policy and/or the Student Accident and Sickness Insurance Plan.

_____ _____
Student Signature **Date**

_____ _____
Printed Name **School**

*****Please return to: Mary Jo Selg, RN, MN (Phone: 425-688-5254; Fax 425-688-5290)**
OHMC Clinical Education Department
1035 – 116th Ave NE, Bellevue, WA 98004