



OUR MISSION: IMPROVE THE HEALTH OF THOSE WE SERVE

WORKFORCE MEMBER CONFIDENTIALITY AGREEMENT

I understand that I may have access to protected health information (PHI) and confidential information about the business and financial interests (referred to as “Confidential Information” in this Agreement) of Yakima Valley Memorial Hospital (YVMH). I understand that Confidential Information is protected in every form, such as written records and correspondence, oral communications, and computer programs and applications.

I agree to comply with all YVMH policies and procedures to protect the confidentiality of Confidential Information. I agree not to use, copy, make notes regarding, remove, release, or disclose Confidential Information, unless it is permitted by YVMH policy.

I agree not to share or release any authentication code or device, password, key card, or identification badge to any other person, and I agree not to use or release anyone else’s authentication code or device, password, key card, or identification badge. I agree to notify the appropriate manager immediately if I become aware that another person has access to my authentication code or device, password, key card, or identification badge, or otherwise has unauthorized access to the hospital’s information system or records.

I agree that my obligations under this Agreement continue after my employment or my time as a student or volunteer ends.

I understand that breach of patient confidentiality may result in civil or criminal penalties under state or federal law.

Employee/Volunteer/Student Name

Signature

Date