

**University of Arizona Medical Center - University Campus  
Confidentiality Agreement  
Non-UAMC Workforce Member Participating in UAMC Research Activity**

**I acknowledge:**

- ◆ All information contained within a patient's medical record is considered confidential (AR S 12-2291 et seq. and CFR 160 & 164). Patient specific clinical data contained in department or hospital computer or dictation systems or output from clinical and business information systems are likewise confidential.
- ◆ Aggregate data output by various parameters (diagnosis, procedure, service, specialty, physician, etc.) is also confidential.
- ◆ My password to any UAMC computer system is confidential.
- ◆ I acknowledge that corporate and workforce data that is proprietary or privileged is confidential.

**I agree:**

I will protect to the fullest extent required by all state and federal laws and hospital policy the patient's right to confidentiality of all medical and personal information, UAMC workforce's right to privacy, and UAMC's right to confidentiality of proprietary or privileged corporate data.

I will not access for the purpose of inquiry, manipulation, deletion or alteration any data outside the scope of my responsibility. I will not use any data within my authorized access for any purpose outside the scope of my responsibility.

I will not discuss confidential patient, workforce, or corporate information in public areas, such as the cafeteria, hallways, or elevators, within the hearing of persons not entitled to hear the information.

I will not print, copy, or fax reports unless it is within the defined scope of my responsibility. I agree to protect patient, workforce, and corporate confidentiality by using care in handling printed reports or report copies and appropriately destroying non-permanent paper copies.

*I will not intentionally damage, corrupt, or inappropriately delete data or computer programs or copy data or programs to other devices or media without authorization. I will not load software onto any UAMC or UAMC network-connected device without Information Systems' authorization and assistance will not disclose my password to anyone nor allow anyone to use my password after I have signed onto a system. I will not attempt to learn other user's passwords and will not use passwords other than my own. If my password becomes known or is lost, I will notify the UAMC Information System's Services Department. I will notify UAMC Security upon witnessing any unauthorized persons accessing, tampering with, or removing any computer hardware or software.*

*I understand that improper disclosure of confidential patient, workforce, or corporate information, whether verbally or from a paper-based or a computer-based record, or tampering with any computer hardware or software can result in immediate termination of my access to UAMC medical information.*

*I acknowledge that any violation of any part of the above agreement may result in termination of medical record and/or computer access privileges or denial of physical access to UAMC facilities and I may be subject to disciplinary action up to and including termination of my employment and/or legal action.*

*I understand that UAMC has a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of their health information.*

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_