

Workforce Members
Privacy, Confidentiality, and Information Security Agreement
For Patient, Confidential, Restricted and Proprietary Information

All UW Medicine workforce members (including faculty, employees, trainees, volunteers, and other persons who perform work for UW Medicine) are personally responsible for ensuring the privacy and security of all patient, confidential, restricted, or proprietary information (referred to throughout this document as protected information) to which they are given access.

I understand and acknowledge the following:

Policies and Regulations:

- I will comply with UW and UW Medicine policies governing protected information.
Privacy: <http://depts.washington.edu/comply/privacy.shtml>
Information Security: <http://security.uwmedicine.org/Policies/default.asp>
- I will report all concerns about inappropriate access, use or disclosure of protected information, and suspected policy violations to UW Medicine Compliance (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 access, use, and disclose protected information only as allowed by my job duties and limit it to the minimum amount necessary to perform my authorized duties. I understand that my access will be monitored to assure appropriate use.
- I will maintain the confidentiality of all protected information to which I have access.
- I will only discuss protected information in the work place for job-related reasons, and will not hold discussions where they can be overheard by people who have neither a need-to-know nor the authority to receive the information.
- I will keep patient information out of view of patients, visitors, and individuals who are not involved in the patient's care.
- I will use photographic, video, audio or other recording equipment only for job-related duties.
- I will keep protected information taken off site fully secured and in my physical possession during transit, never leaving it unattended or in any mode of transport (even if the mode of transport is locked).

Computer Access Privileges:

- I will only use University computers, email, computer accounts, networks, and information accessed, stored, or used on any of these systems for authorized duties or activities.
- I will only use my UW, UW Medicine or affiliated entity email account for work-related responsibilities.
- I will only forward my email account or individual business-related emails to an approved email account.
- I will only access the records of patients for job-related duties.
- I will not electronically access the 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:
 - I will commit my password to memory or store it in a secure place;
 - I will not share my password;
 - I will not log on for others;
 - I will not use my password to provide access or look up information for others without proper authority.

