# CONFIDENTIABLITY AND SECURITY AGREEMENT

As an employee, physician, other healthcare provider, student, volunteer, vendor, contractor, or temporary employee associated with West Virginia University Hospitals, Inc. (WVUH)/Camden Clark Medical Center (CCMC), you may have access to confidential information including protected health information (PHI), business asset data, secret, proprietary, or private information obtained through your associated with one or more of these entities. The purpose of this Agreement is to help you understand your personal obligation regarding confidential information.

Confidential information, including protected health information (PHI), business asset data, secret, proprietary, or private information is valuable and sensitive and is protected by law and by strict confidentiality policies. The Health Insurance Portability and Accountability Act of 1996 (HIPAA), establishes standards for the protection of patient information. The HITECH Act, which became effective on February 18, 2009, addresses the privacy and security concerns associated with the electronic transmission of health information, in part, through several provisions that strength the civil and criminal enforcement of the HIPAA rules. Under HITECH inappropriate disclosure of PHI may result in the imposition of fines up to $1.5 million and potential civil suits and imprisonment.

Accordingly, as a condition of and in consideration of my access to confidential information, I agree to abide by the following:

1. I will not access confidential information, including protected health information (PHI), business asset data, secret, proprietary, or private information which I have no legitimate need to know or for which I am not an authorized user. **This includes my records and records of family members and friends. I will not access my own Personal Health Records via Epic.**
2. I understand to access my own Personal Health Records I may log onto MyWVUChart.com (MyChart). Proxy Access for others records (i.e. family) can only be granted through MyWVUChart once proxy consent has been received.
3. I will not in any way divulge, disclose, copy, release, sell, loan, review, alter or destroy any confidential patient information, including protected health information (PHI), business asset data, secret, proprietary, or private information unless expressly permitted by existing policy except as properly approved in writing by an authorized officer of WVUH/CCMC within the scope of my associate with such entity.
4. I will not utilize another user's password in order to access any system. I will not reveal my computer access code to anyone else unless a confirmed request for access to my password has been made by Information Technology Department and I am able to confirm the legitimacy of the request and the requestors. I accept personal responsibility for all activities occurring under my password.
5. I have reviewed the Administrative Electronic Signature Policy V.294. All electronic email messages/instant messages/cellular phone calls/PDA entries/episodes of internet access/episodes of remote access/computer use occurring on hospital owned or issued computers/cellular or other WVUH/CCMC obligations to collect, preserve and produce electronically-stored information during litigation or certain legal investigations. WVUH/CCMC cannot guarantee that incidental personal email/phone calls/pages/PDA entries/internet access/remote access will be exempt from collection, preservation or production under these circumstances.
6. If I observe or have knowledge of unauthorized access or divulgence of the confidential information, including protected health information (PHI), business asset data, secret, proprietary, or private information. I will report it immediately to my supervisor and to the appropriate WVUH/CCMC Compliance, Privacy or Security Officer.
7. I will not seek personal benefit or permit others to benefit personally by any confidential information, including protected health information (PHI), business asset data, secret, proprietary, or private information that I may have access to or that I access as an unauthorized user.
8. I understand that all information, regardless of the media on which its stored (paper, computer, videos, recorders, etc.), the system which processes it (computers, voice mail, telephone systems, faxes, etc.), or the methods by which its moved (electronic mail, face to face conversation, facsimiles, etc.) is the property of WVUH/CCMC and shall not be used inappropriately or for personal gain and shall not be removed from the premises without prior authorization. I also understand that all electronic communications shall be monitored and subject to internal and external audit.

9. I understand that discussions regarding patient and/or protected health information (PHI) shall not take place in the presence of persons not entitled to such confidential information and shall not take place in public places (such as elevators, lobbies, off premises, etc.).
10. I agree to abide by all rules and regulations as specified in WVUH/CCMC policies unless specifically altered by a separate contractual agreement. I can request that a copy of these policies be provided to me.
11. I understand that my failure to comply with this Agreement (intentional or unintentional) may result in disciplinary action, which might include, but is not limited to, termination of employment and/or loss of my privileges with WVUH/CCMC, dismissal from the premises, and could result in my being held personally liable in a court action by a patient or their family.
12. I understand that the obligations in this Agreement continue after the end of my association with WVUH/CCMC.

By signing this agreement, I acknowledge that WVUH/CCMC has an active on-going program to review records and transactions for inappropriate access and I understand that inappropriate access or disclosure of information can result in penalties including disciplinary action, termination, refusal of access to premises, and/or legal action.

_______________________________________

Participant's Printed Name

_______________________________________ ____________________

Participant's Signature Date

**If under 18 years of age, notarized signature of parent or legal guardian is required.**

_______________________________________

Participant's Printed Name

_______________________________________ ____________________

Participant's Signature Date

STATE OF __________________ COUNTY OF ____________, ss.:

On this day, personally appeared before me _________________________________,
to me known to be the person(s) described in and who executed the within and foregoing instrument, and acknowledged that he/she signed the same as his/her voluntary act and deed, for the uses and purposes therein mentioned.

Witness my hand and official seal hereto affixed

this ___________ day of __________________, ______________.

_____________________________________________________

Notary Public in and for the State of ___________________________
My commission expires ___________________.

WVU Medicine
Camden Clark Medical Center

# Request to Job Shadow

| Name | |
|---|---|
| Street Address | |
| City, State, Zip | |
| Phone Number | |
| Email | |

**CCMC Representative**

| Name | Susan Aufdenkampe, RRT |
|---|---|
| Title | Director of Respiratory Therapy |
| Office Location | Respiratory Therapy |
| Phone Number | 304-424-2924 |

**Reason for Job Shadowing:**

- ☐ Visiting Healthcare Professional
- ☐ Student Career Planning
- ☐ Demonstration of Medical Equipment
- ☐ Other ____________________________________

**Scheduled date(s) for Job Shadowing:**

**Areas/Department(s) which will be observed:**

______________________________ CCMC Representative

______________________________ Date of Request

______________________________ AVP Human Resources

______________________________ Date

**Approved forms sent to: CCMC representative, Risk Manager, Compliance Officer, AVP Human Resources, Privacy Officer*

# Job Shadowing Program Applicable Health Information

Please list all known allergies/significant medical conditions: ______________________
__________________________________________________________________________

**Please read the following statements and check the box next to the statement if you agree that the statement is accurate.**

The following immunizations are up-to-date for me/my child:

- ☐ MMR (Measles, Mumps & Rubella). Positive antibody levels will also be acceptable.
- ☐ History of Varicella or Varivax (Chicken Pox or Chicken Pox Vaccine)
- ☐ Tetanus/Tdap
- ☐ Purified Protein Derivative (PPD) within the last 30 days (Tuberculosis skin test)
- ☐ Influenza Immunization

I/my child will only participate in the Job Shadowing Program if free from infectious disease on the day of the program.

_____________________________________________
Participant's Printed Name

_____________________________________________ ______________________
Participant's Signature Date

**If under 18 years of age, notarized signature of parent or legal guardian is required.**

_____________________________________________
Participant's Printed Name

_____________________________________________ ______________________
Participant's Signature Date

STATE OF ____________________ COUNTY OF _____________, ss.:

On this day, personally appeared before me _______________________________________,
to me known to be the person(s) described in and who executed the within and foregoing instrument, and acknowledged that he/she signed the same as his/her voluntary act and deed, for the uses and purposes therein mentioned.

Witness my hand and official seal hereto affixed

this _____________ day of ____________________, ________________.

____________________________________________________________

Notary Public in and for the State of ______________________________
My commission expires _____________________.

WVU Medicine
CAMDEN CLARK MEDICAL CENTER

# CCMC HIPAA Privacy Quiz

1. Confidentiality and privacy are important concepts in healthcare because:
   A. They help protect hospitals from lawsuits.
   B. They allow patients to feel comfortable sharing information with their doctors.
   C. They avoid confusion by having people other than a physician distributing information about a patient.
   D. Both A and B.

2. Which of the following are some common ways that employees protect patient privacy?
   A. Closing patient door.
   B. Knocking before entering a patient's room.
   C. Using curtains to shield patient's during treatment.
   D. All of the above.

3. Confidentiality protections cover not just patient's health related information, such as the reason they are being treated, but also information such as age, address, Social Security number, and phone number.
   A. True
   B. False

4. Any employee of physician who violates the hospital privacy policy is subject to punishments up to and including termination and termination of work privileges.
   A. True
   B. False

5. Which of the examples below is NOT a common work practice that protects the confidentiality of patient information:
   A. Keeping computers logged out of the patient information system when not in use.
   B. Keeping records locked when not in use.
   C. Limiting the number of visitors who can see a patient.
   D. Limiting the people who can look at electronic patient records.

6. Under what circumstances are you free to repeat to others private health information that you hear on the job?
   A. After you no longer work at the hospital.
   B. After a patient dies.
   C. Only if you believe the patient won't mind.
   D. When authorized for business purposes.

7. If you suspect someone is violating the facility's privacy policy, you should:
   A. Say nothing.  It's none of your business.
   B. Watch the individual involved until you have gathered solid evidence against him or her.
   C. Report your suspicions to the privacy officer or your supervisor, as outlined in the facility privacy policy.

8. Which of the following are some common features designed to protect confidentiality of health information contained in patient medical records.
   A. Locks on medical records room.
   B. Passwords to access computerized records.
   C. Rules that prohibit employees from looking at records unless they have a need to know.
   D. All of the above.

9. It is okay to share protected health information that is not related to treatment or payment if the requestor is insistent that he/she needs the information timely to complete his/her business.
   A. True
   B. False

10. If a law enforcement officer presents requesting information you should:
    A. Freely give them what they need.
    B. Ignore the request.
    C. Refer to them to the Health Information Management Department for proper handling of the request.

11. Authorization is required on all requests for protected health information that are not directly related to healthcare treatment or payment.
    A. True
    B. False

12. Protected health information can be faxed in an emergency without a fax cover sheet.
    A. True
    B. False

13. It is the responsibility of each employee to report known or suspected violations to the Privacy Officer or Supervisor.
    A. True
    B. False