



## Confidentiality/Security Agreement

I understand that the entity for which I work has a relationship (contractual or otherwise) with The Cooper Health System involving the exchange of health information. I understand that The Cooper Health System has a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of patient health information. Additionally, The Cooper Health System must assure the confidentiality of its human resources, payroll, financial, research, internal reporting, strategic planning, communications, computer systems, management information, intellectual property and other proprietary data (together, with patient health information, referred to as "Confidential Information").

In the course of my interaction with The Cooper Health System, I understand that I may come into the possession of Confidential Information in many different ways, including by spoken, written or electronic means. I will access and use this information only when it is necessary to perform my job related duties in accordance with The Cooper Health System's Privacy and Security Policies, which are available on The Cooper Health System intranet and in paper form. I further understand that I must sign and comply with this Confidentiality and Security Agreement in order to obtain and maintain authorization for access to Confidential Information.

1. I will abide by The Cooper Health System's Standards of Ethical Conduct and its policies and procedures related to the security of Confidential Information.
2. I will not disclose to or discuss Confidential Information with others, unless they have a need to know it and are authorized to receive it.
3. I will not divulge, transfer, copy or release Confidential Information except as properly authorized.
4. I will not destroy or alter Confidential Information except as properly authorized.
5. When it is necessary to speak about Confidential Information, I will do so discreetly and will take all precaution to prevent others from overhearing my conversation.
6. Upon termination of the relationship that authorizes my access to Confidential Information, I will immediately return/and or destroy any documents, media or copies thereof containing Confidential Information to The Cooper Health System. My responsibility not to disclose Confidential Information to others continues after my connection with Cooper is terminated.

### Electronic Systems

1. I understand that I have no expectation of privacy when using The Cooper Health System's information systems. The Cooper Health System may log, access, review and otherwise use information stored on or passing through its information systems (including electronic mail and text messages), in order to manage systems, enforce security and otherwise enforce its policies.
2. I will:
  - a. only use my officially assigned user ID and password;
  - b. use approved, licensed software;
  - c. use computers with virus protection;
  - d. transport Confidential Information in electronic form only when properly encrypted;
  - e. practice good computer workstation security measures including using screensavers and workstation locking.
3. I will not:
  - a. share or disclose my user ID or password
  - b. connect to unauthorized networks through the systems or devices containing Confidential Information;
  - c. use tools or techniques, or otherwise attempt to circumvent security measures in place to prevent unauthorized access to Confidential Information.

### Accessing Patient Identifiable Health Information

1. I will only access software systems to review patient records when I have that patient's consent or that of the Cooper Health System to do so.
2. I will only access software systems containing patient records to the minimum extent necessary.



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3. By accessing a patient's record, I am affirmatively representing to The Cooper Health System at the time of each access that I have the requisite authority, need, and where required, patient consent, and that The Cooper Health System may rely on that representation in granting access to me.
4. I have received training on HIPAA , either through The Cooper Health System or through the following training program:

\_\_\_\_\_  
(identify training program, length of program and date of completion)

☐ I understand that any questions I have about this Confidentiality and Security Agreement may be addressed to Cooper's Privacy Officer (856-361-1697).\_\_\_\_\_

☐ I will immediately contact Cooper's Privacy Officer (856-361-1697 or [hipaaadviceline@cooperhealth.edu](mailto:hipaaadviceline@cooperhealth.edu)) to report:

- the loss or theft of Confidential Information;
- the unauthorized access, transfer or disclosure of Confidential Information;
- the loss, disclosure or compromising of my password;
- activity that I believe is contrary to this Security and Confidentiality Agreement
- activity that I believe is contrary to The Cooper Health System's Privacy and / or Security policies (including HIPAA, HITECH or state privacy law or regulation);
- any other incident that may adversely impact the security of Confidential Information.

☐ I understand that a violation of this Confidentiality and Security Agreement may result in disciplinary action, up to and including termination of employment, suspension and loss of privileges, and / or termination of authorization to access Confidential Information.

My signature is an acknowledgement that I have read this Confidentiality and Security Agreement, that I understand it, and that I agree to comply with all of the terms and conditions stated above.

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
Cooper Point of Contact

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