

### Privacy, Confidentiality, and Information Security Agreement

It is the responsibility of all UW Medicine workforce members to protect the privacy, security, and confidentiality of any information to which they are given access. All UW Medicine workforce members (including faculty, employees, trainees, volunteers, and other persons who perform work for UW Medicine) who utilize computing systems, resources, and data, are responsible for the confidentiality and security of their User ID (s) and Password(s) which provide access to University of Washington and/or UW Medicine computer systems. It is also the responsibility of all workforce members to protect the confidentiality of the information they are provided using those credentials. Examples of access credentials are the UW Net ID and password and the UW Medicine login and password. **I understand and acknowledge the following:**

#### Policies and Regulations:

- I will comply with UW and UW Medicine policies.  
Privacy: <http://depts.washington.edu/comply/privacy.shtml>  
Information Security: <http://security.uwmedicine.org/Policies/default.asp>
- I will support compliance with federal and state statutory and regulatory requirements (45 CFR Parts 160 and 164, American Recovery and Reinvestment Act of 2009 (ARRA) Health Information Technology for Economic and Clinical Health (HITECH) Act).
- I will report all known privacy violations to the UW Medicine Compliance Privacy Program – 206 543-3098 or [comply@uw.edu](mailto: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 limit my access, use, and disclosure of patient information to the minimum amount necessary to perform my authorized activity or duty.
- I will maintain the confidentiality of all information, including patient information, confidential information, restricted information, and/or proprietary information to which I am given access privileges.
- I will use and/or disclose patient, confidential, or restricted information only as allowed by my job duties.
- I will only discuss patient, confidential, or restricted information in the work place and only with those who have a need-to-know and the authority to receive the information.
- I will take care to discuss patient, confidential, or restricted information in a private setting and not hold such conversations where they can be overheard by those without a need-to-know.

#### Inappropriate Use or Disclosure:

- I will report any improper access or disclosures to Compliance.
- I understand that my access will be monitored to assure appropriate use.

#### Computer Access Privileges:

- I will ensure that my use of UW & UW Medicine computers, email, computer accounts, networks, and information accessed, stored, or used on any of these systems is restricted to authorized duties or activities.
- I will only use my UW, UW Medicine or affiliates email account to conduct work related responsibilities and will not forward my email account or individual business related emails to a non-UW, UW Medicine or affiliates email account (e.g. personal email account or other employer provided email account).
- I will not electronically access the records of any person if not an assigned or job-related duty.
- I will not electronically access the UW Medicine 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; for example:
  - Commit password to memory or stored it in a secure place;

