

- Instructions:**
1. All Employees : To ensure efficient and effective service please, submit form online. Immediate confirmation will be sent to you upon receipt of your online submittal.
  2. Residents/Fellows/Interns: Please fax your form to National HR Service Center 877) 477-2329 or interoffice mail to National HR Service Center, Alameda
  3. Volunteers, Students and Temporary Employees: Provide completed form to your Kaiser Permanente Manager.
  4. SCPMG Physicians ONLY: To be administered and retained as part of credentialing process
  5. Remember to print copy of form before submitting.

Note: Applies to all employees (including administrators, managers, supervisors, applicable physicians), volunteers, agency temporary/registry personnel, students and interns.

* Employee / Physician ID	* Work Phone Number (###) ###-####	* Effective Date (mm/dd/yyyy)
* Employee / Physician First Name	Employee / Physician Middle Name	* Employee / Physician Last Name
* Job Title		* Location

**1. AGREEMENT**

In my job, I may see or hear confidential information in any form (oral, written, or electronic) regarding:

- HEALTH PLAN MEMBERS AND PATIENTS AND/OR THEIR FAMILY MEMBERS (such as patient records, test results, conversations, financial information)
- EMPLOYEES, PHYSICIANS, VOLUNTEERS, CONTRACTORS (such as employment records, corrective actions/disciplinary actions)

I will protect the confidentiality of this information. Access to this information is allowed only if I need to know it to do my job.

**I AGREE THAT:**

1. I will protect the confidentiality of our patients, members, employees and physicians.
2. I will not misuse confidential information and I will only access information I have been instructed or authorized to access to do my job. With respect to Medical Information, I will only access or use such information as it is necessary to provide medical care to the member and/or patient or as necessary for billing and payment or health plan operations.
3. I will not share, change or destroy and confidential information unless it is part of my job to do so. If any of these tasks are part of my job, I will follow the correct department procedure or the instructions of my supervisor/chief of service (such as shredding confidential paper). If a demand is made upon me from outside Kaiser Permanente to disclose confidential information, I will give written notice to my supervisor before disclosing such information.
4. I know that confidential information I learn on the job does not belong to me and that Kaiser Permanente may take away my access to confidential information at any time.
5. If I have access to electronic equipment and/or records, I will keep my computer password secret and I will not share it with any unauthorized individual. I am responsible if I fail to protect my password or other access to confidential information.
6. I will not use anyone else's password to access any Kaiser Permanente system unless I am authorized to do so. If I am authorized to do so (e.g., in order to perform computer systems maintenance), I will follow procedures to ensure the password is changed and that confidential information is not at risk.
7. If I have access to electronic equipment and/or records, I will not make unauthorized copies of Kaiser Permanente's software or software of other companies licensed for use by Kaiser Permanente and I will use software in compliance with the terms of any applicable software license agreements.
8. I will not share and confidential information even if I no longer work for Kaiser Permanente.
9. On termination of my employment, I will return to Kaiser Permanente all copies of documents containing Kaiser Permanente's Confidential information or data in my possession or control.



* First Name	Middle Name	* Last Name
* Employee ID	* Work Phone Number (###)###-####	* Effective Date (mm/dd/yyyy)

**Examples of Breaches of Confidentiality (What you should NOT do.)**

These are examples only and do not include all possible breaches of confidentiality.

- Unauthorized reading of patient account information.
- Unauthorized reading of a patient's chart (except your own if you have access to electronic records).
- Unauthorized access to information on friends or co-workers.
- Accessing medical information of a family member without written authorization.
- Discussing confidential information in a public area such as a waiting room or elevator.

**Examples of Breaches of Confidentiality related to electronic information (What you should NOT do.)**

These are examples only and do not include all possible examples of breaches of confidentiality.

- Telling a co-worker your password so that he or she can login to your work.
- Telling an unauthorized person the access codes for employee files or patient accounts.
- Being away from your workstation while you are logged into an application, without locking your system to protect confidential information.
- Unauthorized use of a co-worker's password to logon to a Kaiser Permanente information system
- Unauthorized use of a user ID to access employee files or patient accounts.
- Allowing a co-worker to use your \*secured application for which he/she does not have access after you have logged in.

NOTE: \* secured application = any computer program that allows access to confidential information. A secured application usually requires a user name and password to log in.

**I understand that I am responsible for my use or misuse of confidential information and know that my access to confidential information may be audited. I understand that my supervisor/chief of service or other managers and/or the Compliance Hot Line are available if I think someone is misusing confidential information or is misusing my password. I further understand that Kaiser Permanente will not tolerate any retaliation because I make such a report.**

**I understand that failure to comply with this agreement may result in disciplinary action up to and including termination of employment or other relationship with Kaiser Permanente. I understand that I may also be subject to other remedies allowed by law. I understand that I must also comply with any laws, regulations, and other Kaiser Permanente policies, including the Principles of Responsibility that address confidentiality. By signing this Confidentiality Agreement, I agree that I have read, understand and will comply with it.**

**2. SIGNATURE** (Required if not submitted online)

_____ * Employee / Physician Signature	_____ * Date (mm/dd/yyyy)
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After completing the form:

1. Print form to keep a copy for your records.
2. Press the Submit button.
3. Wait for a pop-up screen to confirm the form has been submitted. (This may take a few minutes.)
4. ALL Employees: Please submit online or fax your form to National HR Service Center (877) 477-2329 or interoffice mail to National HR Service Center, Alameda.
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