

- 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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Submit

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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