



Children's of Alabama®

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APPLIES TO: All COA Employees	RESPONSIBLE PARTY/MANAGER: Kathleen Street, Privacy officer	Lucidoc ID #:13629
Children's of Alabama Confidentiality and Nondisclosure Statement		

The mission of Children's of Alabama (COA) is to provide the finest pediatric health services to all children in an environment that fosters excellence in research and medical education. COA will be an advocate for all children and work to educate the public about issues affecting children's health and well-being. COA shall have as its values: trust, teamwork, compassion, innovation, and commitment.

I understand my legal and ethical duty to maintain and promote the confidentiality and privacy and security of Children's of Alabama (COA) confidential patient, employee, and business information (Confidential Information). By signing below I (and have my employees and agents if applicable) agree to the following:

- I will be responsible for protecting Confidential Information used or obtained in the course of my services. Confidential Information is all information regarding specific patients, employees, staff or corporate data/information obtained through any source including patient medical records, employee files, computer printouts, electronic information systems, or private conversation is confidential. It is my responsibility to maintain confidentiality of this data/information.
- I am responsible for conducting myself in accordance with the applicable laws (i.e. the Health Insurance Portability and Accountability Act-HIPAA), standards of the applicable accreditation authorities, and the policies of Children's of Alabama (COA) governing Confidential Information that apply equally to verbal, written, or electronic information.
- I will not misuse, misplace, or be careless with Confidential Information. I will appropriately shred Confidential Information in the authorized destruction bins and not discard it in the trash. I will only access, use, and disclose Confidential Information as authorized to perform my legitimate duties, on a role-based "need to know" basis, and never for my own advantage or for purposes other than its intended use.
- I will not divulge, store, copy, release, review, alter, and/or destroy any Confidential Information except as properly authorized by COA. I will never sell any Confidential Information. I will safeguard and not disclose my individual authorization to access confidential information (i.e. access code or password). I accept responsibility for all activities undertaken using my individual authorization.
- I will never post or blog any COA Confidential Information including pictures, video, or anything which can identify a patient. I will never place patient information on a thumb drive or other portable media device (i.e. phone/tablet/laptop), unless I have appropriate written permission from my supervisor and prior encryption from COA Information Technology (IT) Customer Support. I am responsible to contact (205) 638-6568 or gethelp@childrensAL.org for encryption assistance. I am responsible to prove the portable media device received encryption acceptable to COA IT. I will not take pictures or videos with my personal portable media device while at COA. I will password protect my portable media device if it has access to confidential COA information (including, but not limited to, connection to COA email).
- I will immediately report activities by any individual or entity that I suspect may compromise the confidentiality, privacy, and security of Confidential Information, so corrective action can be taken. Reports made in good faith about suspected activities will be held in confidence to the extent permitted by law, including the name of the individual reporting the activities. I will immediately report to: My Supervisor; COA Privacy Officer, (205) 638-5959; COA HIPAA Security Officer, (205) 638-7878; Patient Safety Reporting System (PSR icon) and/or the anonymous COA Corporate Compliance Hotline at 1-800-624-9775 or at the corporate compliance link at www.childrensAL.org.
- I understand my obligations under this statement continue after termination of my services with COA. Upon termination of services, I must not access, use, store and/or disclose and must immediately return and cease to use any originals or copies of any file, document, record, and/or memorandum relating in any manner to Confidential information.
- I understand I have no right or ownership interest in any confidential information. COA may at any time revoke any access or use of confidential information.
- During the course of performing my services and thereafter, I will safeguard and retain the confidentiality, privacy, and security of Confidential Information at all times. I am responsible if I misuse, misplace, misdirect, and/or wrongfully disclosure any Confidential Information. I am responsible if I fail to safeguard my individual authorization to access Confidential Information.
- I must wear my business Identification Badge at all times. I understand it must be kept visible, in order to be readable by others, to prove my identity.
- I understand any inappropriate access, release, or use of confidential information may subject me to disciplinary action (including grounds for immediate termination of employment/services) and/or appropriate legal action, such as prosecution with law enforcement (civil monetary fines and/or imprisonment). I understand my obligations are subject to review, revision, and renewal, as appropriate.

Duly Authorized Representative

Printed Name: _____

Signature: _____ Date: _____

Please indicate: <input type="checkbox"/> Employee <input type="checkbox"/> Medical Staff <input type="checkbox"/> Volunteer <input type="checkbox"/> Student <input type="checkbox"/> Temporary Agency <input type="checkbox"/> Independent Contractor <input type="checkbox"/> Vendor <input type="checkbox"/> Business Associate/Other <input type="checkbox"/> Business/School School Name: _____
