

## Confidentiality Statement

**Montclair State University Center for Clinical Services (CCS)** places a high priority on maintaining the confidentiality of its records, documents, agreements and all other sensitive information.

In the course of your employment or coursework you may be given access to confidential information about patients (including people who choose to participate in our research), employees, students, other individuals, or the institution itself.

By signing this statement, you acknowledge that your access to confidential information is for the purpose of performing your responsibilities and for no other purpose.

1. I will look at and use only the information I need to care for my patients or carry out research. I will not look at patients' records or seek other confidential information that I do not need. I understand that my institution has the ability to determine whether I have followed this rule.
2. I understand that patient information or any other confidential information is not to be shared with anyone who does not have an official need to know. I will be especially careful not to share this information with others in casual conversation.
3. I will handle all records both paper and electronic with care to prevent unauthorized use or disclosure of confidential information. I understand that I am not permitted to remove confidential information from my work area. I also understand that I may not copy medical records or remove them from the clinic work areas.
4. Because other people may intercept electronic messages, I will not use email to send individually identifiable health information to patients unless authorized by those patients. Authorization may be on paper (a statement signed by the patient) or implied (a patient's email request for such information).
5. If I no longer need confidential information, I will dispose of it in a way that ensures that others will not see it. I recognize that the appropriate disposal method will depend upon the type of information in question.
6. If I am involved in research, any research utilizing identifiable patient information will be performed in accordance with Federal and State regulations and local Institutional Review Board (IRB) policies.
7. If my responsibilities include sharing my institutions' confidential information with outside parties such as ambulance insurance companies, or research sponsors, I will use only processes and procedures approved by my institution.

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8. Any passwords, verification codes, or electronic signature codes assigned to me are equivalent to my personal signature:
  - They are intended for my use only.
  - I will not share them with anyone or let anyone else use them.
  - I will not attempt to learn or use the passwords, verification codes, or electronic signature codes of others.
9. If I find that someone else has been using my passwords or codes, or if I learn that someone else is using passwords or codes improperly, I will immediately notify my manager or the Compliance Office. I understand that if I allow another person to use my codes, I will be held accountable.
10. I will not abuse my rights to use my institution's computers, information systems, intranet, and the Internet. They are intended to be used specifically in performing my assigned job responsibilities.
11. I will not copy or download software that is not approved by institution.
12. I will handle all confidential information stored on a computer or downloaded to portable storage devices with care to prevent unauthorized access to, disclosure of, or loss of this information.
13. I understand that the confidential information and software I use for my training are not to be used for personal benefit or to benefit another unauthorized institution. I also understand that my institution may inspect the computers it owns, as well as personal PCs used for work, to ensure that its data and software are used according to its policies and procedures.

I understand that if I do not follow the above rules, I could receive disciplinary action (up to and including being dismissed from the institution).

I understand the contents of this Confidentiality Statement on Privacy, Protection and Security of Confidential Information.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_