

UNIVERSITY HOSPITAL

CONFIDENTIALITY STATEMENT FOR INFORMATION SECURITY

In recognition of the confidential nature of patient records and/or employee data to which I may have access, either as part of my duties at UMDNJ-University Hospital or because of other reasons, I, _____ understand and will comply with the following:

1. I will not misuse or disclose any information without proper authorization, or alter patient or personnel records. I will not discuss patient or employee information except as it relates to my job.
2. I will not permit any other individual to use my information systems password to gain access to the above mentioned information. I am responsible for any information entered into the computer system under my user ID and password. I will report problems related to my password/system access to my supervisor. I will request modification to my system password immediately if I suspect that someone has gained access to my sign-on and password.
3. I will file written/printed information in a secure place and/or dispose of it with proper regard for privacy and confidentiality.
4. I will not access, report on, or extract information that is not consistent with my normal job functions and responsibilities.
5. I will not leave a secured computer application unattended while signed-on.
6. I recognize that a violation of the above conditions may constitute grounds for disciplinary action, up to and including termination of employment.

Signature

Social Security #

Date

Department Name
