UNIVERSITY of MARYLAND MEDICAL SYSTEM

UNIVERSITY OF MARYLAND MEDICAL CENTER
JAMES LAWRENCE KERNAN HOSPITAL
UNIVERSITY SPECIALTY HOSPITAL
CONFIDENTIALITY OF INFORMATION STATEMENT

As a staff member, physician (faculty, resident, or fellow), contractor, vendor, or student at the University of Maryland Medical Center, University of Maryland Baltimore, University Physicians, Inc. or any professional association or other entity associated with any of the above or any subsidiary or affiliate thereof (hereinafter, collectively referred to as "University Providers"), I understand that I may be exposed to information during the performance of my duties. Some of this information may concern patients being treated at University Providers or it may concern the operation of University Providers. I understand that patient information does not belong to me and that I am only permitted to access patient information to the extent that it is necessary to provide patient care and perform my duties. I also understand that all medical and personal information regarding patients is confidential and, unless directly related to the care of patients, should not be revealed or discussed with other patients, friends or relatives, or anyone else within or outside of University Providers.

I also understand that other information regarding the operation of University Providers is confidential. This confidential information concerns, but is not limited to, employees, financial operations, quality assurance, utilization review, risk management, research, contracting, procurement and credentialing of staff. I understand that I am only authorized to access this information if it is required for me to perform my duties. This information should not be discussed with others within or outside of University Providers except to the extent that such discussion is necessary to perform my duties.

I also understand that I may be given access codes to University Providers computer systems. I will safeguard the security codes given to me. I acknowledge that I am strictly prohibited from disclosing my security codes to anyone, including my family, friends, fellow workers, supervisors, and subordinates for any reason. However, I may be required to reveal and relinquish my security codes to the appropriate Information Systems Security Office. This is the only exception to this rule.

I understand that I may use my access security codes to perform my duties only. I agree that I will not use anyone else's security codes to obtain access to any computer systems of the University Providers. I understand that I will be held accountable for all work performed or changes made to the systems or databases under my security codes and that I am not to allow anyone else to access the computer systems using my security codes.

I understand that failure to comply with this statement regarding the confidentiality of information may be cause for termination of employment or engagement, revocation of privileges and/or access to University Providers and/or its records, systems or databases.

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