



Western Maryland Health System

**CONFIDENTIALITY AGREEMENT**

As a volunteer of Western Maryland Health System, I acknowledge that I am required to execute a confidentiality agreement as a condition of my receiving authorization to access any/all of WMHS' computer systems. The terms of that agreement included my acknowledgement and agreement that any and all information that I obtain through the use of the Computerized Systems, including information about the Systems and their software, is strictly confidential. I also acknowledged my understanding that confidential information as defined in the agreement includes but is not limited to patient information, the password(s) issued to me, and proprietary vendor information concerning any aspect of the computerized system.

I understand that I am signing this annual renewal of the original confidentiality agreement, the execution of which certifies my agreement for continued compliance with all of the obligations imposed by the initial agreement.

My signature below also certifies my understanding and agreement that, in the course of my daily duties, I may come in contact with confidential patient, employee or business information in a verbal, written, or computerized format. I agree that I will not access nor disclose any patient, employee, or business information unless I have a business need, permission, and authority to do so.

I understand that a breach of confidentiality is a serious offense that could result in my termination of employment, restriction or withdrawal of a clinical license, and/or ineligibility to be employed in any health care organization. Further, I acknowledge understanding that unauthorized access or disclosure of a patient's medical record is a violation of HIPAA, which could result in a jail term of up to five years and a fine of up to \$250,000.

I have read this Confidentiality Agreement, fully understand all of its terms, and agree to comply with all of the System's requirements for safeguarding Confidential Information.

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date