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**Tower Health**  
**Confidentiality of Information Agreement**

I understand that as a member of the workforce of an entity owned or controlled or managed by Tower Health, the performance of my job duties and responsibilities may require me to have access to Confidential Information. "Workforce" includes, but is not limited to, employees, medical staff members, students, faculty, volunteers, temporary personnel, and other persons under the direct control of a Tower Health entity, whether or not paid by the Tower Health entity.

Confidential Information can be in any form, including written, electronic, oral, overheard or observed, and includes, but is not limited to:

- Protected health information, (patient medical, financial, and demographic data);
- Employment records, including compensation and performance data;
- Proprietary business information relating to the governance and operation of Tower Health;
- Data protected by governmental statute or regulation, such as HIV, mental health, or drug and alcohol records.

As a condition of being granted access to Confidential Information, I agree to access Confidential Information only on a "need to know" basis to perform my job duties and responsibilities. **Unauthorized access, use, modification, or disclosure of Confidential Information is strictly prohibited and can result in disciplinary action, up to and including termination of the right of access, my employment, and/or disciplinary action under the medical staff bylaws, as applicable.**

The following terms and conditions apply to my access to and use of Tower Health entity information systems:

- I understand that I am accountable for all actions done under my assigned user ID, password and badge. User IDs, passwords and/or employee badges assigned to gain access to any Tower Health entity information system are my electronic signature and the equivalent of my legal written signature. I will not disclose my user ID numbers and passwords or share my Tower Health-issued identification badge or attempt to obtain the user IDs and passwords or badges of others.
- I will not work under another workforce member's User ID.
- I understand that if I believe that the confidentiality of my user ID or password has been compromised or my hospital badge is lost or stolen, I must immediately report this suspected or actual compromise/loss/theft to my direct supervisor and to the Technology HelpDesk and I must immediately change the password.
- I will contact the Technology HelpDesk if I have any questions regarding use of Tower Health entity information systems.
- I agree not to circumvent any security mechanisms in place.
- I agree that I will not use unapproved devices, systems, or services to store, forward or process Tower Health Data.
- I agree that I will not access my own health information, except through my personal Tower Health patient portal, or health information pertaining to my family members or friends unless I am the treating provider or require access to perform my job duties.
- I understand that my access to Tower Health information systems and its contents (such as email, electronic health records), may be monitored from time to time by Tower Health.

Specific departments of Tower Health-affiliated hospitals and other entities may establish additional requirements and standards pertaining to access and use of information maintained within the specific department.

**Your signature below is required as a condition of your access to Confidential Information, and acknowledges that you have read and accepted this Confidentiality of Information Agreement.**

**I hereby acknowledge that I have read and agree to comply with this Confidentiality of Information Agreement.** I understand that any violation of this agreement will subject me to disciplinary action, up to and including termination of access, employment and/or Medical Staff privileges, as applicable.

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Signature

\_\_\_\_\_  
Date

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Print Name

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