



Annual Confidentiality Agreement



I understand and agree that hospital physician and patient related information is **private and confidential**. Through my position I may have access to this information and understand my role and responsibility to maintain its confidentiality. **This includes not accessing my own personal health information without going through the proper procedures.**

Any unauthorized disclosure, copying, or other use of this information may give rise to a cause of action where the hospital may seek legal remedies against me and result in disciplinary action which may lead to termination of employment. Use of Crouse Hospital's information systems including but not limited to computer systems, email systems and voicemail systems are for business use. They are **not** for personal use. The access (user ID, passwords etc.) granted for my use of these systems is not to be shared. The access is only for my use. Crouse Hospital reserves the right to filter, monitor, access, and/or disclose any information that is maintained on, stored in, or transmitted over its systems.

Use of the system is deemed consent to these provisions. It is the responsibility of each individual to confine his or her use of the systems to Crouse Hospital business.