



# The UNIVERSITY HOSPITAL

University of Medicine & Dentistry of New Jersey

NEWARK, NEW JERSEY

## Confidentiality & Information Security Agreement

I understand that through my work or association with The University Hospital (UH), I have an ethical and legal responsibility to protect the privacy of all patients and employees and to safeguard the confidentiality of their health and other sensitive information. This protection also extends to members of UH's health plans. In addition, I understand that UH Information Systems and all UH confidential and proprietary information are to be regarded as valuable resources. I will provide all necessary safeguards for the information to be kept secure from theft, misuse, and unauthorized reproduction, modification, or destruction. I understand that the UH Information Technology Division conducts information system security checks and that certain activities, such as unsuccessful log-in attempts, email usage, or Internet usage, may be monitored.

**I understand that failure to comply with this agreement may result in the termination of my employment or association with UH and association with UH and/or civil or criminal legal penalties.**

**I AGREE THAT I WILL:**

1. Not disclose confidential or proprietary information to any individuals who are not authorized to receive the information or to those who do not have a legitimate need to know in order to provide patient care or to carry out their duties with UH.
2. Protect the privacy and confidentiality of our patients, employees, and members of our group health plans.
3. Not disclose or share any confidential information, even if I am no longer associated with UH.
4. Not access, change, or destroy confidential or proprietary information except as required to perform my job
5. Know that my use of UMDNJ Information Systems to access confidential information may be audited and that UH may take away my access at any time.
6. Dispose of documents or other media when no longer needed, in an approved manner that protects confidentiality. I will follow the correct department procedure, where applicable.
7. Access only levels or components of the Information System as assigned to perform my job or service.
8. Keep my password(s) secret and not share it (them) with anyone. If I suspect that my password is known, I will immediately notify the appropriate Data Steward and change it so as not to compromise computer security.
9. Not install, transmit, or download from the Internet onto any Information System of UH, any unauthorized or unlicensed software, or material protected by copyright.
10. Not make unauthorized copies of UH software.
11. Log-off or secure my workstation, when unattended, according to departmental policy, where applicable.
12. Adhere to warnings about computer viruses and perform virus scan updates as directed.
13. Not transmit or display abusive, discriminatory, harassing, inflammatory, profane, pornographic or offensive language or other such materials over or on any UH Information Systems.
14. Report log-on or other system problems to the HS&T Help Desk.
15. Use UMDNJ Information Systems wisely to conserve costly space on the server.
16. Abide by the provisions of this agreement if granted remote access to any UMDNJ Information System.
17. Use UMDNJ Information Systems equipment for the sole purpose of performing my job or services except on occasion for minimum personal use.
18. Immediately report any violations of these provisions to a manager.
19. Participate in ongoing Information Security Training as directed.
20. Review the UH Information Security Agreement for renewal periodically as directed.
21. Comply with UH Policy

**I have read and understand the above and hereby agree to these provisions as a condition of my employment, contract, service, association or work with UH and these procedures will be enforced through monitoring mechanisms and random auditing. Violations of any guidelines may result in disciplinary action up to and including termination of UH's relationship with the violator.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Printed

Name: \_\_\_\_\_

UH Entity Name: \_\_\_\_\_ Department: \_\_\_\_\_

Location: \_\_\_\_\_ Vendors, contractors, students, or others as appropriate, specify company, school: