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Catholic Health Initiatives Confidentiality and Acceptable Use Requirements

CHI Workforce Notice

As a condition of being a member of the CHI Workforce, I understand and affirm the following:

Catholic Health Initiatives (CHI), including its affiliates and subsidiaries, treats information about CHI's business, patients, residents and their families, and workforce as confidential in accordance with applicable laws and regulations. During the course of my association with CHI, I may access, use or disclose Confidential information.

- CHI Confidential Information means any information, regardless of the format that it is in, (for example, paper, electronic, oral conversations, films, images) about a patient, resident, employee, student, physician, professional staff, other CHI workforce members, or CHI business and financial operations, that is not available to the public. CHI Confidential Information includes information that I may create, access, or obtain on behalf of CHI.
- CHI Confidential Information also includes, but is not limited to, protected health information, billing, payroll, employment records, employee benefits, payment card and cardholder information, trademark, copyright, intellectual property, technical ideas and inventions, written published works, contracts, supplier lists and prices, price schedules, business practices, marketing, or strategy, CHI Confidential Information of third parties for business purposes, or information that is only intended for internal use even if not officially designated as Confidential or Internal Use Only.

Therefore, in the course of my association with CHI, I acknowledge that:

- 1. I will only use, access, or disclose CHI Confidential Information as needed to perform my assigned responsibilities and in accordance with CHI polices, standards and approved processes. I will use, access, and disclose CHI Confidential Information in such a manner as to prevent unauthorized use or disclosure of such information
- 2. I understand I am responsible for reading and complying with all CHI Policies and Standards, including CHI Privacy and Information Security Policies and Standards.
- 3. I understand I am responsible for reading and complying with the information contained in the Information Privacy and Security Practices for Non-Employees Handbook. I may receive this handbook from my CHI Sponsor, and may direct any questions to the CHI Sponsor.
- 4. I will complete assigned Privacy and Information Security education as outlined in credentialing agreements, business associate agreements, student affiliations agreements, or any other agreement that establishes me as a workforce member. I must produce evidence of completion of required education timely upon request.
- 5. Confidentiality violations: If I violate CHI Privacy or Information Security policies and standards, or applicable law and regulation, I am subject to discipline under applicable policies, agreements, rules, regulations, bylaws, or any other oversight instrument, including will result in actions up to and including termination of my relationship with CHI.
- 6. I understand that my obligation to maintain the confidentiality of CHI Confidential Information extends beyond termination of my association with CHI, and I agree that I will not disclose or use CHI Confidential Information for any purpose after my employment or association ends.
- 7. In my association with CHI, I may be assigned access to CHI systems. I understand that passwords, verification codes, or electronic signature codes assigned to me are the equivalent to my personal signature; and I am responsible and accountable for all actions or entries made and retrievals accessed using my password, verification or electronic signature code regardless of whether it is used by me or by another individual; and I will not share my CHI passwords, verification codes, or electronic signature codes with another individual or make them accessible for others to discover. If a password or code is compromised, I will immediately take steps to change it.
- 8. In my association with CHI, I may be assigned or use CHI IT Assets. I understand that CHI maintains ownership of CHI IT Assets (e.g., computer workstations, laptops, tablets, smartphones, remote desktops, and similar devices, and removable disk or storage devices, including USB storage devices, external hard drives, writeable CDs/DVDs) and the CHI Confidential Information contained on these CHI IT Assets. Unless authorized, I will not install, download, reconfigure, reverse engineer, copy/duplicate, or remove any software on CHI IT Assets. I understand that I am responsible for preventing unauthorized access to, and use of CHI IT Assets by following established CHI policies, standards, guidelines, and instructions.
- 9. I will immediately report any Privacy or Security incident involving CHI Confidential information or IT Assets to the designated Privacy or Security officer, or the ITS Service Desk, regardless of how insignificant I may think the incident is. This includes immediately reporting the loss or theft of a CHI IT Asset or other device that contains CHI Confidential Information or can access a CHI network or other CHI system, even if that device is personally-owned.
- 10. I understand that I do not have, and should not expect any personal privacy rights when using CHI IT Assets or accessing CHI systems.
- 11. If I use a CHI-issued, a personally-owned, or a third party-provided mobile device (e.g., smartphone, tablet, laptop) to access any CHI network, systems or applications, including CHI Exchange/Outlook (e.g., email, calendars and contacts) I will adhere to all requirements and conditions set forth in CHI Information Security Standard ITS13-S8 Mobile Device Security.

Print Name	
Sign and Date	
Sign and Date	