

**University HealthCare Alliance (UHA)  
Confidentiality Statement**

As an UHA employee, affiliated health care provider, contracted staff, volunteer or student, I:

- Understand that it is my legal and ethical responsibility to take appropriate measures to safeguard and maintain the confidentiality of all patient protected health information (“PHI”) and UHA business information.
  - PHI includes the patient’s identity as well any identifiable patient information created and/or maintained by UHA such as medical records, billing records, and demographic and financial information.
  - UHA business information includes all information and documents created by or on behalf of UHA for clinical and/or business administration purposes.
- Agree not to use or disclose any PHI without a legitimate clinical or business reason.
- Understand that any use or disclosure of PHI must be limited to the minimum necessary PHI to do my job.
- Understand that the law provides extra protections for PHI pertaining to HIV, mental health, psychiatric, fertility, certain genetic conditions, and drug/alcohol abuse records and that written authorization by the patient may be required to use and/or disclose PHI containing such information.
- Agree not to disclose any patient information to any person outside UHA unless permitted or required by law, or unless a valid written authorization by the patient is obtained.
- Understand that unauthorized use or disclosure of PHI may subject me to disciplinary action, up to and including termination, and/or legal action.
- Understand that my access to all electronic systems is audited regularly, and that any inappropriate access to information may make me subject to legal and/or disciplinary action up to and including termination.
- Agree to discuss PHI or business information only in the work place as appropriate, and only for job-related purposes, and will not discuss such information outside of the work place or within the hearing of other people who do not have a need to know about that information.
- Understand that I may only remove PHI or business information from a UHA site for work-related activities that have been approved by my supervisor as long as the information is maintained securely and is not visible or accessible to anyone who does not have a legal right to that information.
- Agree that I will not provide computer access to anyone using my user name and password. I agree to log-off when I am completed with my tasks to avoid someone else using my log-in access. I will not to share my log-in user ID and/or password with anyone, and I understand that any access to UHA systems made under my log-in user ID and password is my responsibility. Failure to comply may result in disciplinary action up to and including termination.
- Understand that my password(s) that protect PHI must comply with industry standards and Stanford Hospital & Clinics (“SHC”) password guidelines, ensuring that length and complexity will make passwords very difficult to guess.
- Agree not to take any photographs, video recordings, or any imaging of patients, employees, visitors, or anyone else on UHA property unless I have obtained the appropriate approvals.
- Agree not to post PHI or any information that may link a patient to UHA SHC on any social media sites, including, but not limited Facebook, Twitter, etc.

January 2013