

EMPLOYEE CONFIDENTIALITY AND TRAINING CERTIFICATION

Introduction: Winthrop – University Hospital (“Hospital”) is required to safeguard the privacy of all Hospital patients and to protect the confidentiality and security of patient information. To fulfill this responsibility and to comply with the Health Insurance Portability and Accountability Act of 1996 and its related regulations (“HIPAA”), the Hospital has implemented policies and procedures to protect confidentiality and security of patient information (“HIPAA Policies and Procedures”). Additionally, the Hospital is required by HIPAA to train all members of its workforce regarding its HIPAA Policies and Procedures and must document that the training has been provided. This Employee Confidentiality and Training Certification (the “Certification”) is intended to satisfy the documentation requirement.

I, _____, understand and acknowledge that the Hospital is committed to providing patients with quality health care in a confidential and private manner in accordance with the wishes of its patients and the requirements of law, including HIPAA.

I hereby acknowledge and agree that:

(a) I have received the Code of Conduct; have been afforded the opportunity to ask questions or seek clarifications and all my questions have been answered; and understand the requirements and obligations set forth in the Code of Conduct.

(b) I have received privacy and security training, including a review of the HIPAA Policies and Procedures related to the handling, security and confidentiality of patient information, and have been afforded the opportunity to ask questions or seek clarification and all of my questions have been answered.

(c) I have received security awareness training relevant to my job relating to, among other things, the following:

- **Password Maintenance and Management.** This training included information about: (i) selecting a password; (ii) changing a password; (iii) recording a password; and (iv) being sure not to share a password.
- **Incident Reporting.** This training concerned the obligation to report security incidents to the Hospital’s Security Officer.
- **Viruses and Malicious Software.** This training included information about: (i) the general need to avoid the introduction of viruses and malicious software in order to prevent harm to the Hospital and its computer system; (ii) virus scanning all software or hardware prior to installation; (iii) scanning emails and not opening suspicious emails or emails from unknown sources; and (iv) the need to contact the Security Officer immediately if it is suspected that a virus has been introduced into the computer system.
- **Log-in Procedure.** This training included an explanation of my obligations to report to the Security Officer (i) a person’s successful or unsuccessful log into a system, software or procedure for which he/she was not authorized to access; and (ii) discrepancies in log-in activity.

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(d) I have a general awareness of the confidentiality and security issues facing the Hospital; and am aware of how to access the HIPAA Policies and Procedures.

I hereby agree to:

(a) honor and comply with the Code of Conduct, and the HIPAA Policies and Procedures, and all Federal and State laws, rules and regulations governing the use and disclosure of confidential information and patient information;

(b) check with my supervisor or the Hospital’s Privacy or Security Officer if I am unsure whether an action involving patient information complies with the Code of Conduct, the HIPAA Policies and Procedures; and applicable Federal and State laws, rules and regulations governing the use of patient information;

(c) cooperate fully with the Hospital’s effort to comply with the Code of Conduct, the HIPAA Policies and Procedures; and applicable Federal and State laws, rules and regulations governing the use of patient information;

(d) to report suspected violations of the Code of Conduct, the HIPAA Policies and Procedures, and/or Federal and State laws, rules and regulations governing the use of patient information to the Privacy Officer or Security Officer or another appropriate high-level officer or administrator of the Hospital; and

(e) cooperate with all inquiries by the administrators of the Hospital concerning the use, disclosure, transfer, security, release, sharing, utilization, examination, access to, or analysis of a patient’s information and work to correct any improper practices that are identified.

EXECUTION OF CERTIFICATION

I understand that my obligations, as set forth above, will continue throughout my employment with the Hospital and after the termination of my employment. Further, my obligations will continue after the termination of any agreements I may have with the Hospital. I understand that, to the extent that I violate my obligations hereunder or under any State or Federal law, regulation or rule, I will be subject to disciplinary action which may include termination, and I may also be subject to civil and criminal penalties under State and Federal laws, regulations or rules.

ACKNOWLEDGED AND AGREED:

Name (Print)

Signature

Title

Department

Date Completed: _____