

Attachment 1

UNIVERSITY HEALTH SYSTEMS OF EASTERN CAROLINA, INC.

Confidentiality Agreement

This document must be returned to UHS

In consideration of University Health Systems of Eastern Carolina, Inc. ("System") agreeing to provide certain confidential information to _____ ("Practice") and its employees, Practice's employee (hereinafter "contracted personnel") who have access to Information agree to abide by the terms of this Confidentiality Agreement.

A. I understand that patient care information, whether in written, unwritten, or electronic computer system form, may be accessed only by contracted personnel who need that information to perform their job or contractual responsibilities. Patient care information may only be released to individuals outside the Practice by authorized Practice employees.

B. I understand that this information belongs to the patient and I am only the caretaker and must guard the information appropriately. This includes, but is not limited to, keeping patient information secure, private, and out of public viewing, protecting computerized data by logging off when leaving a work station, and keeping information secure by not discussing patient-specific issues in public areas such as elevators, hallways, etc.

C. Contracted personnel may only access, copy or download data necessary to perform their contracted responsibilities. Contracted personnel agree not to disclose, communicate, or use any patient care information in any manner whatsoever other than in the provision of contracted services and, even within the scope of those services, must limit dissemination only to those who have a need to know.

D. I agree to comply with all state and federal laws applicable to the use of this confidential patient information.

My signature attests to the fact that I have read, understand and agree to abide by the terms of this statement.

Employee Name: _____

Date: _____