



## NON-DISCLOSURE/CONFIDENTIALITY AGREEMENT

I understand that during my employment, assignment, or learning experience at University of Colorado Health (UCHealth), I may come in contact with confidential information. Such information may include, but is not limited to, patient information, proprietary information, medical staff information, personnel/employee information, or computer and computer access code information. It may be in oral, written or electronically transmitted form.

I agree to become familiar with and abide by all UCHealth policies and procedures related to privacy and confidentiality, to include, but not be limited to polices related to HIPAA, that are in force as of the date of this Agreement. I further agree that I will not use or disclose any confidential information, including Protected Health Information, to anyone without the appropriate authorization per UCHealth policy. I agree I am responsible to:

- \* Access and communicate information only on a need-to-know basis, communicate information only to those authorized and report inappropriate use of such information to my immediate UCHealth supervisor.
- \* Prevent disclosure of any computer access codes and disclosure of computer confidential information.
- \* Not access by computer, or otherwise, confidential information merely for personal interest reasons.
- \* Not release personnel information, such as personal telephone numbers and addresses, unless authorized to do so for the protection of patients, employees and volunteers. In an emergency, I will take a message and refer to my immediate UCHealth supervisor.
- \* Use information obtained during employment, assignment or experience, and return all such information upon completion of its use, or upon termination of my employment.
- \* Secure all confidential information in the work area and dispose of all confidential printed material by shredding or placing in specifically marked confidential recycling bins.

I understand and acknowledge that, in the event I breach any provisions of this Agreement, UCHealth, in addition to any other legal remedies available to it, has the right to reprimand and counsel me in accordance with existing policy. I understand this could result in disciplinary action up to and including termination of my employment.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Purpose/Position \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_