



CONFIDENTIALITY INFORMATION OBLIGATION

I acknowledge I have received a copy of my job description and understand the scope of my job responsibilities. In order to perform my job as described, I understand I am privileged to various forms of confidential information.

I understand I am responsible for protecting the confidentiality of all information, both written and verbal, regarding patients, staff or other hospital business. I understand said information is not to be used, released or discussed with anyone outside the hospital or with other employees not directly related to the course or content of the information. For example: employee's may only discuss their wage with the Department Manager, Payroll Department Representative or the CEO, but not with other coworkers not directly involved with the employee's wage.

I understand this agreement includes all types and forms of information including, but not limited to, verbal communications, hard copy paper documents, computer disks, email, film, video, audio and all forms of electronic media.

By signing below, I indicate my obligation to treat such information responsibly and confidentially. I further understand that failure to do so is a violation of the Company policy and will result in disciplinary action up to and including termination.

Employee's Signature

Date