



Confidentiality Acknowledgement Statement

Important: Please read all sections. If you have any questions; have them answered before signing.

1. Confidentiality of Patient Information:

- a) All patient information is private and confidential; therefore, access to this information is a privilege that must not be taken for granted.
- b) Patients provide personal information with the expectation that it will be kept confidential and only be used by authorized persons as necessary to provide treatment, obtain payment for services provided and to perform other hospital business related activities necessary to maintain appropriate health care operations.
- c) All personally identifiable information provided by patients or regarding medical services provided to patients, including oral, written, printed, photographic and/or electronic (collectively the "Confidential Information") is strictly confidential and is protected by federal and state laws and regulations that prohibit its unauthorized use or disclosure.
- d) For the duration of my employment/affiliation with Stony Brook University Hospital (SBUH), I may be given access to certain Confidential Information that may also require additional protections including but not limited to;
 - 1) The New York State Public Health Law Article 27-F and Part 63 of 10 NYCRR AIDS Testing and Confidentiality of HIV-Related Information; which states that no person who obtains confidential HIV-related information in the course of providing any health or social service or pursuant to a release of confidential HIV-related information; including but not limited to any information indicating that a person has had an HIV-related test, such as an HIV antibody test; has HIV-infection, HIV-related illness, or AIDS; or has been exposed to HIV, may disclose or be compelled to disclose such information. Illegal disclosure of confidential HIV-related information may be punishable by fines and imprisonment
 - 2) The New York State Mental Hygiene Law § 33.13 governs the protection, confidentiality and disclosure of behavioral health services, psychiatric care and substance abuse treatment. The law strictly limits disclosure of mental hygiene/health related information. *All* disclosures of mental hygiene/health related information require an authorization signed by the patient/individual or their personal representative.

2. Disclosure, Use and Access of Electronic or Hard Copy Confidential Information:

Any information acquired or accessed through my employment/affiliation with SBUH must be kept confidential. This applies to all Protected Health Information (PHI) and electronic Protected Health Information (e-PHI) and includes but is not limited to patient information, organizational proprietary information and confidential business information pertaining to SBUH.

Each individual who is permitted access to SBUH information systems is responsible for protecting the privacy of the patients' information that is accessible through the network. Individuals with access to SBUH information systems must also take care to preserve confidentiality of such information in conversations, in handling, copying, storing, and disposing of documents and any and all electronic media that contains such information.

Access to SBUH information systems and other proprietary or SBUH business related information is permitted on an as needed basis. Access is granted based on the individual's job title, position or assigned responsibilities and does not allow access to any information that is not part of one's duties and responsibilities. The Health Insurance Portability and Accountability Act 1996 (HIPAA) Privacy Rule allows for copies of personal health information when requested through proper channels.

Each individual who is permitted access to SBUH information systems will receive a unique username and password for accessing the University Hospital Medical Center domain and appropriate information system(s) or application(s). Each individual who is granted access is responsible for maintaining confidentiality of the information contained in the SBUH information system(s) or application(s) by never sharing their password, allowing others to use their access and always locking or logging off the SBUH information system(s) or application(s) prior to leaving the workstation, computer, laptop or other electronic device used to access the SBUH information system. Each individual who is granted access to the SBUH information system is accountable for any and all activities that occur under their username and password. This activity will be periodically monitored.

Disclosure of confidential information is prohibited even after termination or separation of employment/affiliation with SBUH or access to SBUH information systems; either as a member of the SBUH workforce or vendor/contractor, unless specifically waived in writing by an authorized party who has consulted with SBUH Legal Counsel and/or the SBUH information Security Officer.

I agree that except as authorized in connection with my assigned duties, I will not at any time use, access or disclose any Confidential Information to any person (including, but not limited to co-workers, friends and family members). I understand that this obligation remains in full force during the entire term of my employment/affiliation with SBUH or access to SBUH information systems and continues in effect after such employment/affiliation or access is terminated.

3. Confidentiality Policy

I agree I will comply with federal and state confidentiality laws as well as SBUH policies and procedures that apply to me as a result of my employment/affiliation with SBUH or access to SBUH information systems. Any violation of this acknowledgement or SBUH policies and procedures is strictly prohibited.

4. Return of Confidential Information

Upon termination of my employment/affiliation with SBUH or access to SBUH information systems, for any reason, or at any other time upon request, I agree to promptly return to SBUH, or my employer *ALL* copies of Confidential Information in my possession or control (including printed and electronic copies), unless retention is specifically required by law or regulation.

5. Periodic Certification

I understand that I will be required to periodically certify that I have complied in all respects with this Acknowledgement, and I agree to so certify upon request.

6. Remedies

I acknowledge that the restrictions and obligations I have accepted under this Acknowledgement are reasonable and necessary in order to protect the interests of the patients, the health information I have access to, SBUH and my employer (if different than SBUH); and that my failure to comply with this Acknowledgement in any respect could cause irreparable harm to patients, SBUH and/or my employer.

7. Code of Conduct

I acknowledge that I am responsible for reading and adhering to the ethics and standards of conduct as defined in the SBUH Corporate Compliance Code of Conduct. I am responsible to report any suspected violations of Compliance with the Code of Conduct and I have reported all known violations. I understand in reporting a suspected violation I will not be disciplined or subjected to retaliatory actions for any report that I have made in good faith.

I understand that the University may initiate administrative actions against me in accordance with SBUH HIPAA policies, applicable collective bargaining agreements, federal/state and local government laws for disclosure of or unauthorized use of PHI or e-PHI, employee information, financial information, research information, SBUH business information, or non-compliance with the ethics and standards of the Code of Conduct. I understand that University sanctions for a violation may include, but are not limited to, penalties up to and including termination of employment, contracts and any other business relationship with SBUH. I understand that I may be subject to civil and/or criminal penalties.

I have received and read this Statement of Confidentiality and understand the requirements set forth in it. I have received and reviewed the mandatory training:

Attire for Surgical & Procedural Areas
Antimicrobial Stewardship and Antibiotic Resistance
C-difficile Prevention
Compliance & Audit Education
Continuous Quality Improvement
Corporate Compliance Code of Conduct
Deep Vein Thrombosis
Disruptive Provider Policy
Diversity
Emergency Preparedness
Environment of Care
Environmental Health & Safety Fact Sheet
Fire Safety
Hand Hygiene
HIPAA Privacy & Security HITECH & NYS Confidentiality Laws
Identification & Treatment-Family Violence, Child Abuse, Maltreatment & Neglect
Infection Control
Informed Consent
OCAPS Annual Education
Occupational Injury and Illness Prevention
Pain Management
Patient Rights and Organization Ethics
Practitioner Impairment
Reporting Patient Safety Concerns
Right to Know
Sepsis-Early Detection and Treatment
Stony Brook Southampton Hospital
Stroke Program
Use of Restraints
MS0015 Responding to Consultation Requests for Emergency Stabilization
MS0005 Consultations

Printed Name (LEGIBLY): _____

Signature: _____

Date: _____

FAX TO: 631-706-3002

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