

CONFIDENTIALITY STATEMENT

As used herein, EVMS includes Eastern Virginia Medical School (EVMS) and EVMS Medical Group (EVMSMG)

Confidential Information

Confidential Information includes:

- Information from medical or health records and/or information systems concerning medical/health care examinations, tests, treatments, observations, and diagnosis of EVMS patients, employees, and students.
- Medical or health information from conversations with EVMS patients, employees, or students.
- Demographic information, including financial data, of EVMS patients, employees, or students.
- Information about physician/health care professional credentialing, quality assurance, utilization management, risk management, and the business information of EVMS.
- Access codes to any device (i.e. key, badge) or data (i.e. combinations, PINs) provided to gain access to a location or information.
- The login/username and password assigned for use of any EVMS system or software.
- Information contained in lectures posted on the EVMS Video Portal.

Your Duties And Obligations

1. Patients expect to communicate with health care practitioners in confidence and information communicated to you may not be released without prior appropriate authorization.
2. You may not access medical records and/or financial information, electronic or otherwise, of any individual without appropriate authorization. **This includes your own medical or financial information.** Unauthorized access to medical records and/or financial information will result in termination.
3. All confidential information must be kept in strict confidence regardless of whether it is communicated to you in hard copy, faxed, electronically transmitted, via oral conversations, in printed data or other method. This confidence must be kept when performing your duties, as well as during breaks, rest periods, and time away from EVMS.
4. You are responsible for ensuring that discussions concerning confidential information do not occur in hallways, elevators, or other public areas where someone not authorized to receive the information could inadvertently overhear confidential information.
5. You may not seek access to any written or computerized confidential information unless you have specific authorization to do so and you may not share, release, or broadcast confidential information in any manner, including posting of confidential information to any social media site.

6. You may not record any interaction, lecture, or activity unless you are given specific authorization to do so. Attempting to bypass security software or using external recording devices to record pre-recorded lectures is strictly prohibited and will result in disciplinary action.
7. You may not provide, post, share, or otherwise release your login/username and password or your access codes to any other individual and/or use the login/username and password or access code of another individual. Further, you must ensure that you sign off of all applications or systems to prevent unauthorized access when you leave a work station. You will be held responsible for any unauthorized access that results from your sharing of this information and/or failure to log off.
8. You must use your EVMS network account (ending in @evms.edu) for all EVMS business/communication and may not auto-forward email to a non-EVMS personal email service (Gmail, Yahoo, AOL, etc.) or use any device to “pop” your email to force it into a non-EVMS personal account.
9. Use of free or personal cloud based services (Google, DropBox, etc.) for business use (storing, transmitting, or sharing EVMS confidential information or business documents) is prohibited unless pre-approved and administered by the Network Information Center.
10. EVMS has the right and responsibility to monitor and periodically audit access to, and use of, EVMS resources (email, internet and electronic health records, etc.). Any discovery of inappropriate or unauthorized access or activity in violation of this confidentiality statement, or EVMS Policy, may result in immediate disciplinary action up to and including termination from employment or educational program.

Printed Name

Department or Program/year

Signature

Date