



FLIGHT FOR LIFE

Confidentiality Agreement

Please read all sections below. If you have any questions regarding this agreement, please ask a **FLIGHT FOR LIFE** supervisor before signing. All individuals (as defined below) must sign this agreement upon hire or before gaining access to information systems and/or confidential information, as described below.

This agreement applies to: all employees, clients, physicians, volunteers, contracted service providers, health care professionals in training, company representatives, vendors, and any other person with access to confidential **FLIGHT FOR LIFE** information.

Confidential information includes, but is not limited to: patient information, personnel information, member information, proprietary (e.g. business, financial, planning) information, current and potential client information, and third party information. Any of this information in the possession of **FLIGHT FOR LIFE**, regardless of where it originated, is confidential. Confidential information may be in the format of verbal, written or electronic communication (e.g. text messages, Facebook posts, Twitter posts and/ or pictures).

I agree with the following:

- ◆ I will respect the dignity of each individual and the right to privacy of any information known about that individual. All individuals are protected whether they are a patient, client, employee, member, visitor, medical staff member, or any other person **FLIGHT FOR LIFE** may have information about.
- ◆ I understand that I may not disclose confidential information without appropriate authorization, subpoena, or court order.
- ◆ **I understand that unauthorized access or use of confidential information about myself or others for personal reasons is considered a violation of confidentiality.** I will not access, disclose, remove, destroy, transfer, make available to others or use any confidential information under the control of **FLIGHT FOR LIFE** unless required by my assigned job duties.
- ◆ I understand that failure to report violations of confidentiality by others is just as serious as my own violation. I will immediately report any access, disclosure, removal, destruction, transfer, or use of any confidential information under the control of **FLIGHT FOR LIFE** by any person unless required by the person's assigned job duties.
- ◆ I will not make available any information regarding the presence, history or status of any patient in **FLIGHT FOR LIFE** or any health care facility without specific and appropriate authorization unless required by my assigned job duties.
- ◆ I will not discuss confidential information in the presence of unauthorized persons.
- ◆ I will not access or allow others to access physical areas, information or information systems without specific and appropriate authorization. I will not share or transfer my access card, system password(s) or software.
- ◆ I will discard confidential information according to organizational policy to ensure the confidentiality of that information.
- ◆ I will continue to maintain the confidentiality of all **FLIGHT FOR LIFE** information when my employment/affiliation has ended. I will relinquish any information in my possession to **FLIGHT FOR LIFE** at the time when my relationship with **FLIGHT FOR LIFE** ends.
- ◆ **I understand that the statements above describe expectations for maintaining confidentiality, but are not all-inclusive. In addition, I understand that any violation of confidentiality, willful or careless, will be cause for discipline, and may also be cause for dismissal, civil, and/or criminal prosecution.**

I have read this agreement and by signing and dating below, I acknowledge my obligation to abide by its terms and related policies. I understand that I will be expected to review, sign, and date this agreement annually to reaffirm my continued commitment to protect confidential information and confirm my past compliance.

PRINT Name: _____ Signature: _____

Date: _____