



CONFIDENTIALITY STATEMENT

It is the policy of GUNDERSEN to respect and protect the right to confidentiality and privacy of all patient and Staff concerning their health care, personal, or employment information. All Staff is responsible to maintain the confidentiality of this information protecting it against loss, defacement, tampering, access, or use by unauthorized individuals.

Confidential Information: Verbal communications, written records, computer-based information, other electronic, visual or digital media, photography, films and observations including but not limited to:

Individually Identifiable Health Information: Information, including demographic information, that is created or received by a health care provider and relates to the past, present, or future physical or mental health or condition of an individual. The information either identifies the individual or there is a reasonable basis to believe the information could be used to identify the individual.

Health Care Information: All information and records, in any form, related to the physical or mental health of a patient prepared by or under the supervision of a health care provider, e.g., diagnosis, treatment, prognosis, condition, or other information contained in medical records, photographs, video tapes, or verbal reports.

Personal Information: Patient birth date, address, phone number, admission and discharge dates, appointment or visit dates, doctor's name, family or social information, financial information.

Employment Information: Employee address, birth date, telephone number, personnel file, job application, performance appraisal, discipline, termination, investigations, compensation and benefits.

Business Information: Confidential business information is information of a proprietary nature related to the operations, finances, marketing or strategic plans, or internal performance measurement of GUNDERSEN. Proprietary information obtained through verbal or written internal communication is **confidential** unless it is made public through Administration or Marketing Services. Such information may include **but is not limited to** trade secrets, pricing strategies, market penetration information, marketing or promotional plans, staff recruiting or retention strategies, quality or satisfaction ratings, patient/customer complaints or feedback, or terms of contracts.

My signature below affirms my personal understanding and signifies that I:

- Understand that access to confidential information is limited to authorized users, based on their **job related need-to-know**.
- Recognize GUNDERSEN's commitment to confidentiality and privacy,
- Realize that breaches of patient confidentiality can result in disciplinary action up to and including termination of employment,
- Assume responsibility for contacting the Legal Department if I become aware of unauthorized access or inappropriate handling, use or sharing of confidential information,
- Have read and understand GUNDERSEN Policy HR 205 "Confidentiality and Security of Information".

Signature: _____ Date: _____

Print Name: _____ Employee Number: _____

Department or School: _____