

Non-employed worker confidentiality agreement



In consideration of my association with Novant Health, Inc., I agree that:

PROPER USE AND/OR DISCLOSURE OF CONFIDENTIAL INFORMATION

1. I will use or disclose protected health information (PHI) or other confidential information only for the purposes of treatment, payment, or health care operations, or as otherwise required by law, as these terms are defined and set forth in Novant Health policies. I acknowledge that applicable Novant Health policies and procedures for the protection of confidential information are available to me through <http://www.novanthealth.org/employer-services/vendor-connections.aspx>, and that I will take appropriate steps to review and understand the policies and procedures.
2. I will not use or disclose PHI or other confidential information other than as permitted by this agreement, applicable Novant Health policies, or as allowed by law.
3. I will not attempt to access or use information that I am not authorized and required to access to use to perform my duties.
4. I will avoid discussions about specific patients with or around those who are not directly involved in the patient's care.
5. I understand that non-public information regarding business contracts and/or other business relationships between a Novant Health entity and others is also confidential, and will not be disclosed to other parties.

MEASURES TO PROTECT CONFIDENTIAL INFORMATION

6. I will follow all Novant Health policies and procedures, applicable laws and regulations, and other appropriate measures to maintain the security of PHI and other confidential information, and to prevent unauthorized use and/or disclosure of this information
7. I will not leave confidential printed, written or electronic information visible in areas accessible by unauthorized individuals.
8. When granted an identification badge and/or access to Novant Health systems, I agree to comply with Novant Health's policies and procedures regarding use of same.

REPORT OF IMPROPER USE AND/OR DISCLOSURE

9. I will immediately report to the Novant Health Alert Line at 1-800-350-0094 or the Novant Health privacy office at 704-384-9829 any security breach in which unauthorized disclosure of or access to PHI may have occurred, as well as any other use or disclosure of PHI that is not permitted by law or Novant Health policy.

TERMINATION AND PENALTIES

10. I understand that if I violate Novant Health's confidentiality policies or this agreement, Novant Health may immediately notify my employer, and may immediately terminate my access to Novant Health facilities and systems.
11. None of the provisions of this Agreement are intended to create, nor shall be deemed or construed to create, any relationship other than that of independent entities contracting with each other solely for the purpose of effecting the provisions of this Agreement. Neither of the parties shall be construed to be the agent, employer, or representative of the other.

Name (please print)

Signature

Date