

MANAGEMENT OF INFORMATION

Information Security Agreement

South Texas Health System Facilities, Mission Regional Medical Center, Rio Grande Regional Hospital, and Valley Baptist Medical Center (the "Hospital") are committed to maintaining the highest standard of confidentiality. The responsibility to preserve the confidentiality of all information (electronic, verbal, or written) rests with each employee, staff member, and participant (student) in the health care process. In the performance of their duties, employees, physicians, consultants, and vendors may at some time be required to operate computer equipment or have access to software systems; this information is also confidential.

All persons are surrounded by confidential and sensitive information and must understand their personal responsibility to comply with security policies.

I AGREE TO THE FOLLOWING:

- I agree that all sources of patient-related information shall be held to the highest level of confidentiality. That means I agree not to release or discuss, without express prior written consent, any information except with those individuals directly responsible for the care of the patient in question.
- I agree not to disclose any confidential information sources, specifically computer systems, as required for the performance of my direct responsibilities. This includes, but is not limited to, patient, employee, financial, physician, or medical information (electronic, verbal, or written), as well as the design, programming techniques, flowcharts, source codes, and screens. Policy and procedure manuals: client lists and directories, business plans, and documentation created by the company employees or outside sources.
- I agree to access only information sources, specifically computer systems, as required for the performance of my direct responsibilities.
- I agree to maintain my assigned passwords that allow my access to computer systems and equipment in strictest confidence and not to disclose my (or anyone else's) password to anyone, at any time, for any reason. I understand that my access is my legal signature, and that giving my password to another makes me responsible for their actions. If accidental disclosure should result in inappropriate access, I can be held responsible.
- I agree not to operate or attempt to operate computer equipment without documented formal training from a designated hospital agent. I agree not to demonstrate the operation of computer equipment to anyone without specific authorization. I agree that no software or disks brought from home or any source outside the facility is to be used or loaded on to the facility's equipment without the direct approval of the facility's Information Service Director.
- I agree to report any and all activity that is contrary to the issue in the agreement to my supervisor, department director, facility Information Services Director, or the Risk Manager.
- I agree that upon termination of my employment or student contract, I will not thereafter, any purpose, use, appropriate, or reproduce such information or disclose such information to any third party.

I understand that this form will become an official part of my employee/medical staff/contractor/student file and that failure to comply with the above policies will result in formal disciplinary action, up to, and possibly including:

- Termination from the "Hospital" or its subsidiaries in the case of employees or agents, or the termination, voiding, cancellation of agreements, contract, etc., with physicians, consultants, or vendors, etc.
- That the "Hospital" reserves the right to pursue any legal or equitable remedies available to it, including, but not limited to, an action for monetary and/or for injunctive relief.

Student's Signature

Print Name

Date

Name of School/University