



This Agreement describes your responsibilities as it relates to protecting privacy at Brown University Health.

I, _____ (please print name) understand that, in my role at Brown University Health. I may access or be privy to Confidential Information, as defined below, as part of my Brown University Health employment/assignment/affiliation. As part of my responsibility to safeguard Confidential Information I understand and agree to the following:

- It is my responsibility to maintain the confidentiality of all Protected Health Information (“PHI”), human resource, payroll, fiscal, management, and any other non-public information that could subject the organization, the data owner, or the data subjects, to harm (including but not limited to financial damages, embarrassment, or damage to reputation) if the data were lost, stolen, accessed or acquired by unauthorized individuals (“Confidential Information”).
- Not to access, use or disclose Confidential Information without a job-related reason to do so. I agree not to use or disclose Confidential Information for personal purposes and agree not to disclose PHI to any individual or entity that does not also have a job-related reason to access the Confidential Information.
- Not to make inquiries about Confidential Information for others who are not authorized to access it.
- When I access, use or disclose PHI, I will use the minimum necessary amount of PHI required to do the job.
- Not to copy or remove Confidential Information from Brown University Health premises without authorization and applying appropriate safeguards. Nevertheless, I will do so only as related to performing my job duties.
- To take appropriate precautions, as defined by policy, when mailing or faxing Confidential Information including checking that the contents and address are correct.
- To maintain all paper Confidential Information securely (e.g. Locked desk, locked file cabinet or locked office).
- Not to leave Confidential Information unattended in plain view in an area that is accessible to persons not authorized to view the Confidential Information.
- To avoid discussing Confidential Information in public areas such as lobbies, public hallways, and elevators. When discussing Confidential Information, I agree to take appropriate precautions such as lowering my voice, to prevent unauthorized individuals from hearing the information.
- To appropriately dispose of paper Confidential Information by shredding. Trash and recycling bins are not an acceptable method of disposal. Confidential Information may never be placed in a recycling container.
- To immediately report any known or suspected inappropriate access, use or disclosure following the entities incident reporting protocol or to the Office of Corporate Compliance & Privacy.
- To refer to the Brown University Health Privacy Policies, as appropriate, for additional guidance on privacy-related matters.
- Violation of this Agreement or applicable privacy law or policy, may result in disciplinary action, up to and including termination of my relationship with Brown University Health, in accordance with Brown University Health policies.
- Violation of this Agreement may result in legal liability for me as well as Brown University Health. I agree to indemnify Brown University Health and its parent(s), affiliates, directors, trustees, medical staff, officers, employees or agents and assignees from any loss, damage, claim or liability including reasonable attorneys’ fees arising out of my willful neglect or failure to exercise reasonable care which results in an unauthorized access, use or disclosure of Confidential Information in breach of this Agreement and in violation of applicable Brown University Health policies.
- Upon termination of my relationship with Brown University Health, I will immediately return any documents in my possession containing Confidential Information, in addition to any other required materials.
- My obligations under this Agreement continue after the end of my relationship with Brown University Health.

By signing this document, I certify that I have read the above Agreement and agree to comply with its terms.

Signature: _____

Date: _____



Brown University Health Code of Conduct Attestation

I hereby acknowledge that I have received the Brown University Health Code of Conduct. I certify that I will review the Code and comply with these standards in my daily work activities and that I have a responsibility to report any suspected violations of the Code. I understand adhering to these standards is a condition of employment or business relationship with Brown University Health and that if I have any questions about the Code I must ask my manager for clarification and/or call the Office of Corporate Compliance & Privacy (OCCP). I certify that I will report to my manager and/or the OCCP any instances where I did not or was unable to comply with the standards set forth in the Code.

Signature: _____ **Date:** _____