



Seymour Health

PRIVACY, CONFIDENTIALITY AND SECURITY AGREEMENT

Instructions on Use

This form is used to ensure staff, students and volunteers understand and agree to abide by Seymour Health's Privacy and Confidentiality Policies. Please complete in full and forward to Human Resources.

Seymour Health is committed to ensuring it complies with relevant privacy, on confidentiality and security legislation – to protect our clients; our staff; and our organisation. As part of this, individuals are required to understand their obligations and responsibilities, including what it means to sign this agreement.

All persons, including Seymour Health staff, contractors, volunteers and students who come into contact with, or have access to, confidential information have a responsibility to maintain the privacy, confidentiality and security of that information.

Confidential information may include information relating to:

1. PATIENTS AND/OR FAMILY MEMBERS

Such as medical records, conversations and financial information

2. EMPLOYEES, CONTRACTORS, VOLUNTEERS, STUDENTS

Such as salaries, employment records, disciplinary actions

3. BUSINESS INFORMATION

Such as financial records, reports, memos, contracts, computer programs, technology

4. THIRD PARTIES

Such as vendor contracts, computer programs, technology

5. OPERATIONS IMPROVEMENT, QUALITY IMPROVEMENT, RISK MANAGEMENT, PEER REVIEW

Such as reports, presentations, survey results

To assist Seymour Health in complying with legislation a range of policies and procedures have been developed and implemented. Staff are encouraged to make themselves aware of the content of the following documents and the impact they may have on their role.

1. Confidentiality Policy

2. Privacy Policy

3. Consent Policy

4. Other relevant policies as developed from time to time

Further information

If you have any questions or concerns relating to privacy, confidentiality or security of information whilst at Seymour Health contact your Manager or the Human Resources Department.

Form Title:	Privacy, Confidentiality and Security Agreement
Approval Date:	November 2014
Responsibility for Review:	Human Resources Manager
Additional copies of this form are available from:	HR Manager

PRIVACY, CONFIDENTIALITY AND SECURITY AGREEMENT

As part of my position/employment I am required to understand and agree to the following:

1. I **will** protect the privacy of Seymour Health patients/clients and employees.
2. I **will only** access information I need to do my job.
3. I **will not** misuse, disclose, copy, release, sell, alter or destroy any confidential information unless it is part of my job. If it is part of my job to do any of these tasks, I will follow the correct procedure (such as putting confidential papers in appropriate shredding bins or using Seymour Health faxing guidelines).
4. I **will not** disclose my personal user account password(s) and will only use shared user account passwords in authorised situations.
5. I **understand** that my access to confidential information may be audited and/or monitored.
6. I **will not** remove confidential information (eg. medical records, photocopied patient forms or electronic data) from Seymour Health unless it is an authorised work practice.
7. I **will not** disclose any Seymour Health security codes, including building entry codes, to unauthorised people.
8. I **will** report any misuse or activities that may compromise the confidentiality of information to my manager. I understand these reports will be held in confidence to the extent permitted by law.
9. I **will** wear my Seymour Health identification badge at all times whilst acting in a professional capacity.
10. I **understand** my obligations under this Agreement will continue after the termination of my position/employment.
11. I **understand** that I am responsible for any keys issued to me, that I must maintain these securely. I understand that I am not permitted to make duplicates of the keys or to make these available to other persons.

I am aware that failure to comply with this agreement may result in the termination of my position/employment at Seymour Health and/or civil or criminal legal penalties.

I have read the Seymour Health's Organisations Values

By signing this, I agree that I have read, understood and will comply with this agreement:

Signature:

Date:

Print Name:

Department:

Position: