

CONFIDENTIALITY COMMITMENT

As a Bozeman Health (BH) employee, volunteer, committee member, student, or visitor, I recognize that assuring confidentiality is an ethical, moral and legal responsibility. Patients, employees, and business associates of BH have the right to expect that confidential information of all kinds—medical, personnel, business and financial (verbal, written or computerized)—will be safeguarded. Such information may be accessed, used, and discussed only by those with an authorized need to know, and may not be released or disclosed, except in accordance with BH policies and agreements.

I recognize that due to the nature of my involvement with BH, I agree to be obligated to follow BH policies that protect confidentiality. These policies protect the confidentiality of patient health care information and of strategic business and financial information. Furthermore, I understand that these policies may be amended and new policies may be issued that protect the confidentiality of information, and I agree to follow such new policies as they are issued. Furthermore, I understand that, under special circumstances, BH will enter agreements to share confidential business, financial or patient-related information with outside persons or organizations, with the obligation to hold such information in confidence. I agree to abide by such agreements.

I understand that failure to protect the confidentiality of information may be grounds for civil penalties under the Montana Health Information Act or the Health Insurance Portability and Accountability Act (HIPAA) and violation of BH policies and agreements that protect the confidentiality of information will result in disciplinary action, which may include termination.

If I have a question or concern about BH policies and expectations regarding confidentiality, I will ask my supervisor, department manager, Preceptor, a member of senior leadership, or the Compliance Officer. If I know of a breach or possible breach of confidentiality, I also recognize that I am obligated to report that breach to my supervisor, department manager, Preceptor, or the Compliance Officer.

Signature

Department/Position/Student

Date

Print Name Here