

Confidentiality Statement

I understand the principle of confidentiality is basic to the maintenance of professional ethics and community respect. As a participant in MultiCare Health System's student/resident programs, I assume the ethical responsibility of holding all information obtained directly or indirectly concerning patients, doctors, staff, or other representatives of MultiCare as absolutely confidential. Information of a private or sensitive nature: medical record information, employee personnel records and system, facility or agency operating and financial data are also absolutely confidential. I will not actively seek to obtain any information considered to be confidential.

Furthermore, I understand that intentional or involuntary violation of our confidentiality policy will result in termination and punitive action including possible fine or even imprisonment.

Signature: _____ Date: _____

Print Name: _____

Internet Acknowledgement Form

As a participant in clinical student programs at MultiCare Health System, I _____, recognize and understand that the internet and electronic files systems are to be used in accordance with the terms and conditions of MHS Internet and Electronic File Access policy. I understand that use of this equipment for private purposes other than appropriate incidental personal use is strictly prohibited. I agree not to access a file or retrieve any stored communication other than as authorized.

I am aware that MultiCare Health System reserves and will exercise the right to review, audit, intercept, access and disclose all matters on the computer system at any time, with or without employee notice, and that such access may occur during or after working hours. I am aware that use of an MHS-provided password or code does not restrict MHS's right to access electronic communications. I am aware that violations of this policy may subject me to disciplinary action, up to and including notification to your home program.

I have read and understand MultiCare Health System's policy regarding the Internet and electronic file access.

Signature: _____ Date: _____

Print Name: _____