



Confidentiality Agreement

1. During my association with Solutions Staffing Inc, I will have access to information and material relating to patients, medical staff, employees, other individuals, or individual facility policies and procedures, which is of a private and confidential nature.
2. At all times, I shall respect the privacy and dignity of patients, employees, and all associated individuals.
3. I shall treat all administrative, financial, patient, employee and other records as confidential information, and I will protect them to ensure full confidentiality. I shall not read records or discuss, divulge, or disclose such information about Solutions Staffing Inc, unless there is a legitimate purpose related to my association with Solutions Staffing Inc. This obligation does not apply to information in the public domain.
4. I shall ensure that confidential information is not inappropriately accessed, used, or released either directly by me, or by virtue of my signature or security access to premises or systems.
5. Violations of this policy include, but are not limited to:
 - accessing information that I do not require for job purposes;
 - misusing, disclosing without proper authorization, or altering patient or personnel information,
 - disclosing to another person your user name and/or password for accessing electronic records.
6. I shall only access, process, and transmit confidential information using hardware, software, and other authorized equipment, as required by the duties of my position.
7. I understand that Solutions Staffing Inc or its clientele will conduct periodic audits to ensure compliance with this agreement and its privacy policy.
8. I understand and agree to abide by the conditions outlined in this agreement, and they will remain in force even if I cease to have an employment relationship with Solutions Staffing Inc.
9. I also understand that should any of these conditions be breached, I may be subject to corrective action up to and including termination of employment, loss of privileges, termination of a contract, or similar action appropriate to my association with Solutions Staffing Inc.

Computer Access

I accept full responsibility for the personal identification and password codes issued to me for access to the healthcare facility's computerized Radiological Image, Laboratory and Patient Information System. In order to protect the confidentiality of the information to which I am now party, I agree that:

1. The Healthcare facility's computing facilities are to be used for authorized purposes and in the support of Healthcare facilities approved activities only.
2. I will not attempt to access information in the Healthcare facility's computer system which is not required by my day to day responsibilities. Browsing through patient records or accessing records that are not required is strictly prohibited.
3. The personal identification and password codes are assigned to me only and I must not share them with others. I will take all reasonable precautions to protect the privileges assigned to me. If I have any reason to believe that another person is aware of my password, I will immediately change it.
4. I will not attempt to access or alter information in the Healthcare facility's computer system by using any user or group identification codes other than my own.
5. I will not permit another person to access or alter information in the Healthcare facility's computer system under my personal identification code, after I have logged on the system.
6. It is my responsibility to logout of the system when my work is complete or when I leave my station for a period of time.
7. It is my responsibility to report incidences of improper and/or illegal activities which include using the healthcare facility's facilities for abusive and/or malicious communications. Such reports must be made immediately to your supervisor or directly to the administration.
8. I understand my responsibility for respecting patient's privacy and protecting the confidentiality of information to which I have access.
- 9.

Both the Healthcare Professional and the Agency acknowledge that the acceptance of services from the Agency and by the Healthcare Professional indicate agreement within the terms of the Master Agreement.

SOLUTIONS STAFFING INC. (THE AGENCY)
Jeffrey T. Shannon

THE HEALTHCARE PROFESSIONAL

DATE _____

DATE _____