

BEDTIME BASICS FOR BABIES

Confidentiality Agreement

Name of Distributing Agency: _____ Distributing Agency Code: _____

I understand that I will have access to some very privileged patient information. Examples of such information are medical conditions and living arrangements. The patient's right to privacy is specifically guaranteed by statute and by various governmental regulations. I further agree that:

- I will never discuss patient information with any person outside of the program who is not directly affiliated with the patient's care.
- I will handle confidential data as discretely as possible and I will never leave confidential information in view of others unrelated to the specific activity.
- I will keep all confidential information in a locked cabinet when not in use.
- I will shred any document with personal identifiers to be disposed. Electronic files will be permanently deleted, in accordance with current required procedures, when no longer needed.
- I will maintain my computer protected by power on and screen saver passwords. I will not disclose my computer passwords to unauthorized persons.
- I understand that I am responsible for preventing unauthorized access to or use of my keys, passwords, and alarm codes.
- I understand that I am bound by these policies, even upon resignation, termination, or completion of my activities.

Agency: _____

Name: _____

Title: _____

Signature: _____

Date: _____