

Baptists Hospitals of Southeast Texas Employee Confidentiality Agreement

IMPORTANT: Please read all sections. If you have any questions, please ask before signing.

1. Confidentiality of Patient Information

I understand and acknowledge that: (i) services provided to patients are private and confidential; (ii) to enable such services to be performed, patients provide personal information with the expectation that it will be kept confidential and used only by authorized persons as necessary; (iii) all personally identifiable information provided by patients or regarding medical services provided to patients, in whatever form such information may exist, including oral, written, printed, photographic and electronic formats (collectively, the “Confidential Information”) is strictly confidential and is protected by federal and state laws and regulations that prohibit its unauthorized use or disclosure; and (iv) in the course of my employment with Baptists Hospitals of Southeast Texas, I may be given access to certain Confidential Information.

2. Disclosure, Use and Access

I agree that, except as authorized in connection with my assigned duties, I will not at any time use, access or disclose and Confidential Information to any person (including but not limited to co-workers, friends, and family members). I understand that this obligation remains in full force during the entire term of my employment and continues in effect after such employment terminates.

3. Confidential Policy

I agree that I will comply with confidential policies that apply to me as a result of my employment.

4. Return of Confidential Information

Upon termination of my employment for any reason, or at any other time upon request, I agree to promptly return to Baptist Hospitals of Southeast Texas all copies of Confidential Information then in my possession or control (including all printed and electronic copies).

5. Periodic Certification

I understand that I am required to certify each year that I have complied in all respects with this Agreement.

6. Remedies

I understand and acknowledge that (i) the restrictions and obligations I have accepted under this Agreement are reasonable and necessary in order to protect the interests of patients and Baptist Hospitals of Southeast Texas. I therefore understand that Baptist Hospitals of Southeast Texas may prevent me from violating this Agreement by any legal means available, in addition to corrective measures, which may result in accordance with applicable policies and collective bargaining agreements.

By signing the Acknowledgement of Employment Packet, I acknowledge that I have reviewed and understand the above listed policies and agree to abide by them. I further understand that I am expected to use these policies for general guidance and to seek additional information from my supervisor or the Human Resources Department if needed.