PROVIDENCE Health & Services Washington/Montana

Non-Employee Confidentiality and Nondisclosure Statement

Name: _____ WA/MT Contact: _____
(Last, First, MI – Please Print)

I understand that in the course of performing services on behalf of Providence Health & Services – Washington/Montana (WA/MT), I will have access to information not generally available or known to the public. I understand that such information is confidential information that belongs to WA/MT. Confidential information includes but is not limited to patient, customer, member, provider, group, physician, employee, financial, and proprietary information, whether oral or recorded in any form or medium. I understand that information developed by me, alone or with others, may also be considered confidential information belonging to WA/MT.

I will hold confidential information in strict confidence and will not disclose or use it except (1) as authorized by WA/MT; (2) as permitted under written Agreement between WA/MT and my employer or myself; (3) consistent with the scope of services I perform on behalf of WA/MT and with applicable WA/MT policies and practices; and (4) solely for the benefit of WA/MT, its patients, members and other customers.

I understand that this Confidentiality and Nondisclosure Statement does not limit my right to use my own general knowledge and experience, whether or not gained while contracting with WA/MT, or my right to use information that becomes generally known to the public through no fault of my own.

I will not access Confidential Information for which I have no legitimate need to know.

I understand it is my responsibility to become familiar with and abide by applicable laws, regulations, and WA/MT policies and protocols regarding the confidentiality and security of confidential information.

I understand that e-mail is not a secure, confidential method of communication. I will not include confidential patient information in e-mail communications outside of the Providence Health & Services (i.e. from or to non-providence.org email addresses, without first contacting the Privacy Officer or the Information Security Officer for current protection method information).

I understand that WA/MT electronic communication technologies (Internet and e-mail) are intended for benefit of WA/MT, however limited personal use is permitted. Personal use is defined as incidental and occasional use of electronic communications technologies for personal activities that should normally be conducted during personal time, such as break periods, or before and after scheduled working hours, and is not in conflict with WA/MT business requirements. Internet usage is monitored and audited on a regular basis by WA/MT management. WA/MT management also reserves the right to monitor e-mail and telephone usage.

I understand that if I breach the terms of this confidentiality and nondisclosure statement or any applicable WA/MT confidentiality, privacy, and/or security policies, WA/MT may terminate my computer access. I further understand that I may be subject to any applicable sanctions or disciplinary actions as determined by my relationship and contracts or agreements with WA/MT, up to and including terminations of that relationship or contract/agreement, if applicable.

_____ _____
Signature Date

_____
Company or Affiliation