

LEHIGH VALLEY HEALTH NETWORK ACKNOWLEDGEMENT OF CONFIDENTIALITY

I understand that as a employee of Lehigh Valley Hospital (along with its components and subsidiaries), member of the medical staff, physician office employee or **non-hospital patient care provider or support personnel** (volunteer, intern, **student**, contractor, vendor, etc.), the performance of my job/duties may require me to access or become aware of the following confidential information:

- Patient health care and financial information
- Employee personnel, compensation and health care information
- Physician performance and personnel information
- Business information relating to Lehigh Valley Health Network

I understand that access to and use of this information in verbal, written or electronic (stored in a computer) form is a privilege. I also understand that access to information is granted to me based on business or clinical "need to know" standards and the responsibilities of my job as an employee or non-hospital patient care provider or support personnel.

I understand that I may not seek information that is not required to do my job. I also understand that I may share information only when necessary to do my job. I agree to store and dispose of information which I use in a way that ensures continued security and confidentiality.

I understand that the methods I use to get information may only be used in the performance of my job. If I require special authorization to access computer-based information, **I understand that my computer sign-on information may only be used by me.**

I also understand that I may not give my sign-on information to anyone, and that this information is the same as my written signature. I accept full responsibility for any use of my sign-on information.

I understand that Lehigh Valley Health Network has a Corporate Compliance Program and that I have been provided education regarding the program. I also understand that I have a role in preserving Lehigh Valley Health Network's corporate integrity and thus have an obligation to report potential compliance issues. I was informed of the Compliance Hotline number, 1-877-895-2905.

I declare that I have read and understand this acknowledgment. I have had an opportunity to ask questions and have them answered. I recognize that giving confidential information at any time during or after my employment or affiliation with Lehigh Valley Health Network may cause irreparable damage to Lehigh Valley Health Network, the patient or the health care provider. Accordingly, Lehigh Valley Health Network or the owner of such information may seek legal remedies against me, such as fine, criminal penalties, suspension or termination of employment.

Any employee who has concerns about the safety or quality of care provided in the hospital may report those concerns to the Joint Commission on Accreditation of Health Care Organizations: E-mail: complaint@jcaho.org
Fax: 630-792-5636 Mail: Office of Quality Monitoring, Joint Commission on Accreditation of Healthcare Organizations, One Renaissance Boulevard, Oakbrook Terrace, IL 60181. No disciplinary action will be taken if an employee makes a report to JCAHO.

Name

Signature

Date

I presented the material to the above signed person as per the guidelines in the Confidentiality Policy. I have given the above signed person the opportunity to ask, and have answered all questions.

Signature/Title

Date

*When you are ready to acknowledge reading and understanding it, answer **Yes** when you close the document and complete the New Student Electronic Form.*