



Universal Health Systems, Inc.

Universal Health Services, Inc., through its healthcare facilities is committed to maintaining the highest standards of confidentiality. The responsibility to preserve the confidentiality of all information (electronic, verbal or written) rests with each employee, staff member and participant in the healthcare process. In the performance of their duties, employees, physicians, consultants and vendors may at some time be required to operate computer equipment or have access to software systems; this information is also confidential.

All persons are surrounded by confidential and sensitive information and must understand their personal responsibility to comply with security policies.

I AGREE TO THE FOLLOWING:

- I agree that all sources of patient related information shall be held in the highest level of confidentiality. That means that I agree not to release or discuss any information except with those individuals directly responsible for the care of the patient in question.
- I agree to access only information sources, specifically computer systems, as required for the performance of my direct responsibilities.
- I agree to maintain my assigned passwords that allows my access to computer systems and equipment in the strictest confidence and not to disclose my (or anyone else's) password to anyone, at any time, for any reason. I understand that my access is my legal signature, and that giving my password to another makes me responsible for their actions. I also agree not to make a record of my password (either mine or anyone else's) in any manner. If accidental disclosure should result in inappropriate access, I can be held responsible.
- I agree to contact my supervisor or department director immediately if I have knowledge that any password is revealed.
- I agree not to operate or attempt to operate computer equipment without documented formal training from a designated UHS agent.
- I agree not to demonstrate the operation of computer equipment to anyone without specific authorization.
- I agree not to disclose any confidential information obtained during the course of my responsibilities. This includes, but is not limited to, patient, employee, financial, physician or medical information (electronic, verbal or written), as well as, the design, programming techniques, flowcharts, source code, screens and documentation created by the company employees or outside sources.
- I agree that no software or disks brought from home or any sources outside the facility is to be used or loaded onto the facilities equipment without the direct approval of the facility Information Services Director.
- I agree to report all activity that is contrary to the issue in this agreement to my supervisor, department director, facility Information Services Director, or the Risk Manager.

I understand that this form will become an official part of my employee/medical staff/contractor file and that failure to comply with the above policies will result in formal disciplinary action, up to and possibly including:

- Termination from Universal Health Systems, Inc. or its subsidiaries in the case of employees or agents, or Termination, voiding or cancellation of agreements, contracts, etc. with physicians, consultants, or vendors, etc.

Responsible Party – Signature

Responsible Party – PRINT NAME

Today's Date

Please check all that apply:

- UHS Employee Vendor Consultant Physician Physician Office Personnel