Workforce Members
Privacy, Confidentiality, and Information Security Agreement
For Patient, Confidential, Restricted and Proprietary Information

All UW Medicine workforce members (including faculty, employees, trainees, volunteers, and other persons who perform work for UW Medicine) are personally responsible for ensuring the privacy and security of all patient, confidential, restricted, research data, student information or proprietary information to which they are given access (referred to throughout this document as protected information).

I understand and acknowledge the following:

Policies and Regulations:
* I will comply with UW and UW Medicine policies governing protected information.
    * Privacy: http://depts.washington.edu/comply/privacy.shtml
    * Information Security: https://security.uwmedicine.org/guidance/policy/default.asp
* I will report all concerns about inappropriate access, use or disclosure of protected information, and suspected policy violations to UW Medicine Compliance (206-543-3098 or comply@uw.edu).

    * I will report all suspected security events and security policy violations to the UW Medicine ITS Security team (https://security.uwmedicine.org/incident_response/default.asp) and my IT support desk.

Confidentiality of Information:
* I will access, use, and disclose protected information only as allowed by my job duties and limit it to the minimum amount necessary to perform my authorized duties. I understand that my access will be monitored to assure appropriate use.
* I will maintain the confidentiality of all protected information to which I have access.
* I will only discuss protected information in the workplace for job-related reasons, and will not hold discussions where they can be overheard by people who have neither a need-to-know nor the authority to receive the information.
* I will keep patient information out of view of patients, visitors, and individuals who are not involved in the patient's care.
* I will use UW Medicine resources, including computers, email, photographic, video, audio or other recording equipment only for job-related duties or under conditions expressly permitted by applicable institutional policy or law.
* I will keep protected information taken off site fully secured and in my physical possession during transit, never leaving it unattended or in any mode of transport (even if the mode of transport is locked). I will only take protected information off site if accessing it remotely is not a viable option.

Computer, Systems, and Applications Access Privileges:
* I will only access the records of patients for job-related duties.
* I will not electronically access the records of my family members, including minor children, except for assigned job-related duties. This also applies in cases where I may hold authorization or other legal authority from the patient.
* I will protect access to patient and other job-related accounts, privileges, and associated passwords:

    * I will commit my password to memory or store it in a secure place;

    * I will not share my password;

    * I will not log on for others or allow others to log on for me;

    * I will not use my password to provide access or look up information for others without proper authority.
* I am accountable for all accesses made under my login and password, and any activities associated with the use of my access privileges.

- I will only use my own credentials in accessing patient accounts and/or systems as provided to me for my job duties.

- I will not forward my email account or individual work-related emails containing protected information to unapproved email domains. The Approved Email Domain list: http://security.uwmedicine.org/guidance/technical/electronic_comm/email/approved_list.asp.

Computer Security:
- I will store all protected information on secured systems, encrypted mobile devices, or other secure media.
- I will not change my UW computer configuration unless specifically approved to do so.

- I will not disable or alter the anti-virus and/or firewall software on my UW computer

- I will log out or lock computer sessions prior to leaving a computer.
- I will use only licensed and authorized software;
    o I will not download, install or run unlicensed or unauthorized software.
- I will use administrative permissions only when I am approved to do so and when required by job function;
    o If I perform system administrator function(s) I must use designated administrative accounts only for system administrative activities and use non-administrative user accounts for all other purposes.
- If I use a personally-owned computing device for UW Medicine business operations, I will not connect it to a UW Medicine network unless it meets the same security requirements as a UW Medicine-owned device,

My responsibilities involving protected information continue even after my separation from UW Medicine and I understand that it is unlawful for former workforce members to use or disclose protected information for any unauthorized purpose.

Failure to comply with this agreement may result in disciplinary action up to and including termination of my status as a workforce member. Additionally, there may be criminal or civil penalties for inappropriate uses or disclosures of certain protected information. By signing this Agreement, I understand and agree to abide by the conditions imposed above.

Print Name: _____

Department: _____ Job Title: _____

Signature: _____ Date: _____

Copy provided on _____ by _____ _____

                 Date   Name supervisor, manager or designee   Signature

☐ Provide copy of this Agreement to the workforce member.   ☐ File original Agreement in departmental personnel or academic file.
                                                      (All signed Agreements must be maintained for 6 years)

Policies and Standards References:
1. UW Administrative Policy Statements (APS): http://www.washington.edu/admin/rules/policies/APS/TOC00.html

- APS 2.4 Information Security and Privacy Roles, Responsibilities, and Definitions

- APS 2.5 Information Security and Privacy Incident Management Policy

- APS 2.2 Privacy Policy

2. UW Medicine Compliance Policies: http://depts.washington.edu/comply/privacy.shtml

3. UW Medicine Information Security Policies & Standards: https://security.uwmedicine.org/guidance/policy/default.asp