



Remarkable People. Remarkable Medicine.

Confidentiality Agreement

In consideration of new or continued employment, or my association with Novant Health, Inc. (“Novant”), I agree that:

1. I may have contact with confidential (private) information about patients, employees, doctors and/or Novant. I agree to access and use this information only as necessary to do my job at Novant.
2. I will not discuss patient information with or around those who are not directly involved in the patient’s care, obtaining payment for care or for Novant operations.
3. I will not leave confidential information (written or electronic) in view of those not permitted to see this information, except in emergencies.
4. Any requests for patient information from persons who are not directly involved in the patient’s care should be sent to the appropriate nursing or other supervisor.
5. I understand that the use of my computer password and the electronic use of my ID badge are the same as my signature. I will not tell my computer password or lend my ID badge to anyone. I will not put my computer password where others may have access to it.
6. If I think someone else knows my password, I will stop using it. I will not try to learn or use another person’s computer password. I will inform the Support Center immediately if I think that any person’s password is being used improperly. I will use appropriate sign-off procedures at the end of my computer session to prevent others from using the system under my name.
7. I will not try to access information that I do not need to perform my duties. This includes accessing information about any patient, including fellow employees, or family members.
8. I will immediately tell Novant Security if my ID badge is lost or stolen. I will return my ID badge when my relationship with Novant ends.
9. I will not tell unauthorized persons any non-public information about Novant or any of our vendors/business partners.
10. I understand that all software, documentation materials and computer files are the property of Novant and are not mine.
11. I understand that if I do not follow Novant’s confidentiality policies or this agreement that I am subject to disciplinary action, including termination of employment/relationship and criminal charges.
12. I have reviewed this agreement, and agree to follow the requirements of Novant’s confidentiality and information security policies and procedures.

Name (please print)

Employee Identification Number (If applicable)

Signature

Date