



AHMC ANAHEIM REGIONAL MEDICAL CENTER
STATEMENT OF CONFIDENTIALITY

1. I understand that ALL information (patient, financial, administrative, physician, employee, etc.) is strictly confidential and is to be used only in the performance of my assigned duties at AHMC Anaheim Regional Medical Center (“ARMC”). The information gained via access to ARMC Information System(s) cannot be altered, copied, transmitted (electronic/faxed), or divulged to others, without the express permission of my supervisor, or as part of my assigned duties. All patient health information is confidential and cannot be discussed with others, unless as part of direct patient care. I agree to render unreadable, prior to disposal, any printed copy of confidential information gained through access to an ARMC Information System(s) or other means.
2. I understand that the username and password issued to me is a unique code that identifies me to the ARMC Information System(s). If at any time I feel that the confidentiality of my code has been compromised, I will notify the ARMC ISD Helpline (714-999-6002) immediately so that the username/password can be changed.
3. I acknowledge that I do not have the right to privacy as to any information or file maintained in or on ARMC’s property or transmitted or stored through its computer systems, voice mail, e-mail or other technical resources. I understand that I may access only files or programs, whether computerized or not, that I have permission to enter.
4. Access to the Internet (where provided) is strictly for business purposes. Any usage outside the confines of business access is prohibited.
5. I understand that if I disregard the confidentiality of my signature code, use the code of another person, or fail to comply with the above policies, I will be committing a breach of confidentiality and will be subject to disciplinary action and/or termination.

Please indicate by your signature below that you have read, understand, and agree with the above. A copy will also be placed on file with the ARMC Information Services Department.

Company: _____

Department: _____

Print Name: _____

Signature: _____

Date: _____

Instructor Signature: _____

Date: _____