



**CODE OF CONDUCT/CORPORATE COMPLIANCE PROGRAM
STATEMENT OF RECEIPT AND ACKNOWLEDGEMENT**

1. I understand that I am responsible for knowing and following the basic concepts included in the Code of Conduct and Compliance Program student orientation self-learning training packet.
2. I understand that the full Code of Conduct is available on Policy Manager, the hospital's on-line policy system.
3. I know that I have a duty to report any suspected violation of the Code of Conduct or Compliance Program to a management representative, the Director of Ethics and Compliance, or the Hotline (1-800-273-8452).

PATIENT CONFIDENTIALITY / NON-DISCLOSURE OBLIGATION

While providing authorized services or receiving training at BFMC, you may be in contact with confidential patient information.

It is the policy of BFMC that all users of information (i.e., team members, medical staff, students, volunteers, and vendors) shall respect and preserve the privacy and confidentiality of patient information. It is required that all users comply with the privacy standards adopted by the U.S. Department of Health and Human Services, 45 C.F.R. parts 160 and 164, subparts A and E and security standards adopted by the U.S. Department of Health and Human Services, 45 C.F.R. parts 160, 162, and 164, subpart C and any applicable state confidentiality laws.

Violations of the "Confidentiality Policy" include, but are not limited to:

- Discussing patient or other confidential information in a public area.
- Accessing information that is not within the scope of your service to or training with BFMC.
- Misusing, disclosing without proper authorization, or altering patient information.
- Removing any protected health information from BFMC.
- Attempting to access secured information or a computer application without proper authorization.
- Using another person's sign-on code and password for accessing electronic or computerized information.
- Copying patient records for unauthorized use.

Failure to comply with the above and any breach of confidentiality may result in counseling up to and including termination of relationship. Unauthorized release of confidential information may also have personal, civil, and/or criminal liability and legal penalties attached.

I acknowledge being informed of the above statements regarding confidentiality and have agreed to adhere to and uphold the expectations of Bert Fish Medical Center Privacy and Security policies and procedures.

Print Name

Company/School

Signature

Date