



EMPLOYEE/INTERN CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENT

Organizational information, including, but not limited to, financial, research, proprietary, patient, business, and/or employee information, from any source, whether written, oral or visually presented, and in any form, whether paper, electronic, video, etc., (collectively referred to as "Information") may be considered Confidential. The value and sensitivity of Information is protected by law and by the strict policies of Self Regional Healthcare and its wholly owned and/or controlled affiliates (collectively, 'SRH'). The intent of these laws and policies is to assure that this Information will remain Confidential through its access, only to be used or disclosed as necessary to accomplish SRH's mission.

As a condition of being granted authorization to access any form of Confidential Information identified above, I, the undersigned, agree to comply with the following terms and conditions:

1. My Password is equivalent to my LEGAL SIGNATURE and I will not disclose this Password to anyone or allow anyone to access any system using my Password.
2. I am responsible and accountable for all entries made and all retrievals accessed under my Password, even if such action was made by me or by another due to my intentional or negligent act or omission. Any data available to me will be treated as Confidential Information.
3. I will not attempt to learn or use another person's Password or access any online computer system using a Password other than my own.
4. I will comply with all policies and procedures and other rules of SRH relating to confidentiality of Information and Passwords.
5. If I have reason to believe that the confidentiality of my Password has been compromised, I will immediately change it and will notify the Help Desk of the Information Systems and Technology Department.
6. I will not access or request any Information for which I have no responsibility for under my job description.
7. I understand I am not allowed to access my own, any family member, or any person for whom I have a close emotional tie for any reasons through my password and/or through organizations computer systems.
8. I understand that I am not allowed to access PHI for team members, current or former, unless my job requires me to do so.
9. I will not disclose any Confidential Information unless required to do so in the official capacity of my employment or contract.
10. I understand that I have no right or ownership interest in any Confidential Information.
11. I will not leave a secured computer application unattended while I am signed in and logged on.
12. I understand that my use of the system will be periodically monitored to ensure compliance with this Agreement.
13. I agree not to use the Information in any way detrimental to SRH and will keep such Information Confidential.
14. I will not disclose Information that is considered proprietary, sensitive, or Confidential unless there is a need to know basis and, if so, will disclose only the minimum Information necessary for the purpose of the disclosure and only to parties with a legitimate need in performance of SRH's mission.
15. I agree that unauthorized disclosure of Confidential Information is prohibited indefinitely, even after termination of employment, business or other relationship between me and SRH.
16. I agree to reasonably limit my access and disclosure of Information and to use the minimum Information necessary to perform my job duties in accordance with the policies of SRH.
17. I will not send Confidential Information to any personal email account nor will I post Confidential Information to any social media or externally facing site.

I understand that as an employee/intern of SRH, I may come in contact with Information that is considered Confidential. I understand and agree that as a term and condition of my continued employment, I will hold all SRH Information in confidence. I further understand that if I violate any of the above terms, I may be subject to disciplinary action, up to and including termination, legal action or both.

Signature: _____ Badge ID #: _____

Name (Please print): _____ Date: _____