



**Springfield**  
Medical Care Systems, Inc.

*Where People Come First*

**Springfield Medical Care Systems, Inc.  
Confidentiality Agreement  
Medical Staff – Employees – Student – Volunteer – Contractor/Vendor**

**I recognize and acknowledge:**

That the services this health care facility performs for its patients are confidential and that to enable the facility to perform those services, patients furnish confidential information concerning their affairs; that the good will of this health care facility depends, among other things, upon keeping such services and information confidential; and that by reason of my duties as a medical staff member, an employee, student, a volunteer or a contractor/vendor of Springfield Medical Care Systems, Inc., I may come into possession of such information even though I do or do not take any direct part in or furnish the services myself.

**I agree:**

Other than provided for in the Springfield Medical Care Systems, Inc. Confidentiality Policy, I will **NOT**, at any time during or after my employment by or association with Springfield Medical Care Systems, Inc., disclose any information about services or information to any person whatsoever or permit any person whatsoever to examine or make copies of any medical records, portions of medical records or other privileged information, prepared by me or coming into my possession or under my control. I further agree that I will not ask others information about patients unless I have the **need** and the **right** to know.

**I understand:**

That unauthorized disclosure of such information by me may violate state and/or federal laws and cause irreparable harm to the patient or Springfield Medical Care Systems, Inc., and that the unauthorized release of information will result in disciplinary action against me up to and including termination of employment or service contract; as well as the potential for civil penalties. I understand that, outside of the responsibilities required by my job, mentioning that I have seen someone in the hospital or office setting is to breach patient confidentiality. I further understand that all personnel are responsible for enforcing this policy. If I know of anyone or suspect anyone of violating this policy or any departmental policies that may apply, I must take action by speaking to the person(s) involved and/or notifying my supervisor at once.

**I recognize and acknowledge:**

That the information contained in the electronic or written medical record can **ONLY** be released by the patient or his/her legal guardian, that the medical record is the property of this health care facility; and that no **ORIGINAL** medical record or portions of a medical record shall be removed from this facility for any reason other than a legal reason. All **Release of Health Information** requests are processed through the Health Information Management Department at Springfield Hospital or under the guidelines of the Health Information Management Department.

**I recognize and acknowledge:**

That Federal Confidentiality Regulations govern disclosure and re-disclosure of patient-specific information regarding alcohol- or drug abuse- related services and that a person convicted of unauthorized disclosure could be fined and/or imprisoned and would be liable for the costs of prosecution.

I, \_\_\_\_\_ MEDICAL STAFF, EMPLOYEE, STUDENT, VOLUNTEER, CONTRACTOR/VENDOR (please circle one), have read the confidentiality policy and understand all the above terms and conditions of this agreement.

\_\_\_\_\_  
Signature of \_\_\_\_\_ Date \_\_\_\_\_  
Medical Staff, Employee, Student, Volunteer, Contractor/Vendor

\_\_\_\_\_  
Witness \_\_\_\_\_ Date \_\_\_\_\_

**This Confidentiality Agreement is not an employment agreement and as such does not promise employment or continued employment. Additionally, the Employment-At-Will doctrine remains in effect for all employees.**