As an employee/intern/resident/research associate/administrative fellow of Piedmont Health Services, Inc. you may:

- Develop, use, or maintain patient records for health care, quality improvement, peer review, education, billing, reimbursement, administration, and/or research; or,
- Personnel records for employment, payroll, or other business purposes

with the understanding that patient and personnel information from any source and in any form, including paper record, verbal communication, audio recording, and electronic display, is strictly confidential. Access to confidential patient and personnel information is permitted only on a need-to-know basis to those who have been granted prior approval to review such information.

It is the policy of Piedmont Health Services (PHS) that employees/interns/residents/research associates/administrative fellows shall respect and preserve the privacy and confidentiality of patient and personnel related information. Violations of this policy include, but are not limited to the following:

- Accessing information that is not within the scope of your job
- Misusing, disclosing without proper authorization, or altering patient or personnel information
- Leaving a patient or personnel record unattended
- Removing personnel or patient records from PHS premises without prior approval.

Electronic accessing, viewing, and transmitting patient information that is not related to your job or exploring Electronic Health Records, obtaining patient information unrelated to your duties, is strictly forbidden.

This includes any electronic system. Sharing user ID and passwords is also forbidden. Violation of this policy by employees or volunteers of PHS may constitute grounds for corrective action up to and including termination of employment. Unauthorized release of confidential information may also have personal, civil, and/or criminal liability and legal penalties attached. I have read and agree to comply with the terms of the above statement.

__________________________________________  ______________________________
Print Name                                           Signature

Date: ______________________________