



CONFIDENTIALITY AGREEMENT AND ACKNOWLEDGEMENT

North Shore-LIJ Health System Information Systems and Technology

I understand that computers and/or my Computer Network IDs are provided to me for business purposes related exclusively to the scope of my employment or other relationship with the Health System. I further understand that the Internet is a public facility and utmost care is needed in all electronic communications to protect the integrity of the Health System's Computer Network, the confidentiality of data concerning Health System patients and staff, and other information that is proprietary to the Health System, as well as the reputation of the Health System and its mission. I can be held accountable for any damage to the Health System that may result from my inappropriate behavior on the Internet or the Health System internal Computer Network.

My password and any authentication/identity device (e.g. security token, Health System ID Badge) assigned to me is confidential and will not be shared with any other individual, nor will any attempt be made to learn or use another person's password. I understand that I am responsible for safe handling, storage, and return of all authentication/identity devices. I will notify the Information Services Help Desk at (516) 470-7272 if I have reason to believe that someone has gained access to my password or my authentication/identity device has been misplaced. I acknowledge that activity on the North Shore-LIJ network may be logged and monitored. Furthermore, I understand that I am responsible for all activities attributed to my user ID.

I understand that any misuse of my computer, the Health System Computer Network, or the Internet is a serious violation of Health System policy that can result in disciplinary action. I understand that I do not have the right, nor am I authorized to disclose or use in any way for my own purpose, the unauthorized purposes of any third party, or any purpose other than as necessary to carry out treatment, payment and health care operations of the Health System and other authorized purposes, any confidential or proprietary information obtained during my employment or other relationship with the Health System. This includes, but is not limited to, financial, medical, patient and employee data. I agree to notify the OCIO Security Officer immediately upon learning of an unauthorized use or disclosure of confidential or proprietary information.

I understand that additional information is available in the HR Policy "Electronic Communications Systems" as well as in several policies in the OCIO policy and procedure manual. Both manuals can be accessed on HealthPort.

I HAVE READ, UNDERSTAND, AND AGREE TO ABIDE BY THE TERMS OF THIS CONFIDENTIALITY AGREEMENT AND THE POLICIES AND PROCEDURES OF THE NORTH SHORE-LONG ISLAND JEWISH HEALTH SYSTEM, INC. ("HEALTH SYSTEM") AND ITS INFORMATION SERVICES DEPARTMENT CONCERNING INFORMATION SYSTEMS AND TECHNOLOGY.

Employee Signature: X

Print Name: X

Date: _____