



## Stony Brook University Hospital

### Workforce & Electronic Information Access Confidentiality Acknowledgement Statement

**Important:** Please read all sections. If you have any questions; have them answered before signing.

#### 1. Confidentiality of Patient Information:

- a) Services provided to patients are private and confidential;
- b) Patients provide personal information with the expectation that it will be kept confidential and only be used by authorized persons as necessary;
- c) All personally identifiable information provided by patients or regarding medical services provided to patients, including oral, written, printed, photographic and electronic (collectively the "Confidential Information") is strictly confidential and is protected by federal and state laws and regulations that prohibit its unauthorized use or disclosure;
- d) In my course of employment/affiliation with Stony Brook University Hospital (SBUH), I may be given access to certain Confidential Information;
- e) In accordance with New York State Public Health Law Article 27-F and Part 63 of 10 NYCRR AIDS Testing and Confidentiality of HIV-Related Information; no person who obtains confidential HIV-related information in the course of providing any health or social service or pursuant to a release of confidential HIV-related information (any information that indicates that a person has had an HIV-related test, such as an HIV antibody test; has HIV-infection, HIV-related illness, or AIDS; or has been exposed to HIV) may disclose or be compelled to disclose such information. Illegal disclosure of confidential HIV-related information may be punishable by a fine of up to \$5,000 and a jail term of up to one year; and
- f) New York State Mental Health Law § 33.13 governs the protection, confidentiality and disclosure of behavioral health services/psychiatric care/substance abuse. The law strictly limits disclosure of mental health related information. All disclosures of mental health related information in oral, written, and electronic form require an authorization signed by the patient/individual or their personal representative.

#### 2. Disclosure, Use and Access of Electronic or Hard Copy Confidential Information:

Any information acquired or accessed during the performance of work at SBUH in the course of assigned duties or in contact with any of SBUH affiliates must be kept confidential. This applies to all HIPAA Protected Health Information (HIPAA-e-PHI) and includes employee information, financial information, research information and SBUH business affairs.

Each individual working in the SBUH computer systems environment is responsible for protecting the privacy of the SBUH patients' information (HIPAA-e-PHI), employee information, financial information, research information and SBUH business information. They must also take care to preserve confidentiality of such information in conversations, and in handling, copying, storage of, and disposal of documents and any and all electronic media that contains such information.

Access to SBUH networking systems and HIPAA-e-PHI systems, employee information systems, financial information systems, research information systems and SBUH business affair systems is permitted on an as needed basis only for the required performance of assigned responsibilities and does not allow access to any information that is not part of one's duties and responsibilities on a need to know basis, including one's own personal electronic information. The HIPAA privacy regulation allows for copies of personal information when requested through proper channels. Any violation of this acknowledgement or SBUH and SBU policies and procedures is strictly prohibited.

SBUH networking and computer systems require access approval to obtain user passwords for accessing systems. Each person is responsible for maintaining confidentiality by never sharing passwords or access and always locking or logging off an application, terminal or workstation when leaving an area. Each person is accountable for all activity under their password, account and or electronic signature. Such activity may be monitored.

Disclosure of confidential information is prohibited even after termination of employment, contract or any business agreement/relationship unless specifically waived in writing by an authorized party who has consulted with SBUH Legal Counsel and/or the SBUH Information Security Officer.

I agree that, except as authorized in connection with my assigned duties, I will not at any time use, access or disclose any Confidential Information to any person (including, but not limited to co-workers, friends and family members). I understand that this obligation remains in full force during the entire term of my employment/affiliation and continues in effect after such employment/affiliation terminates.

### 3. Confidentiality Policy

I agree that I will comply with confidentiality policies that apply to me as a result of my employment/affiliation.

### 4. Return of Confidential Information

Upon termination of my employment/affiliation for any reason, or at any other time upon request, I agree to promptly return to Stony Brook University Hospital or my employer any copies of Confidential Information then in my possession or control (including all printed and electronic copies), unless retention is specifically required by law or regulation.

### 5. Periodic Certification

I understand that I will be required to periodically certify that I have complied in all respects with this Agreement, and I agree to so certify upon request.

### 6. Remedies

I understand and acknowledge that:

- a) The restrictions and obligations I have accepted under this Agreement are reasonable and necessary in order to protect the interests of patients, Stony Brook University Hospital and my employer (if different than SBUH); and
- b) My failure to comply with this Agreement in any respect could cause irreparable harm to patients, Stony Brook University Hospital and my employer.

### 7. Code of Conduct

I understand that I am responsible for reading and adhering to the ethics and standards of conduct as defined in the SBUH Corporate Compliance Code of Conduct. I am responsible to report any suspected violations of Compliance with the Code of Conduct and I have reported all known violations. I understand in reporting a suspected violation I will not be disciplined or subjected to retaliatory actions for any report that I have made in good faith.

I understand that the University may initiate administrative actions against me in accordance with SBUH HIPAA policies, applicable collective bargaining agreements, federal/state and local government laws for disclosure of or unauthorized use of HIPAA-PHI or e-PHI, employee information, financial information, research information, SBUH business information, or non-compliance with the ethics and standards of the Code of Conduct. I understand that University sanctions or a violation may include, but are not limited to, penalties up to and including termination of employment, contracts and any other business relationship with SBUH. I understand that I may be subject to civil and/or criminal penalties.

I have received and read this Statement of Confidentiality and understand the requirements set forth in it.

Printed Name (LEGIBLY): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Employee ID # \_\_\_\_\_

***Please sign and mail this original form to the Office of Compliance and Audit Services zip-9296***

## **Mandatory Program Attestation/ Acknowledgement Form**

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I hereby acknowledge that I have read and understood the contents in this packet as follows:

The Stony Brook University Hospital Mission, Vision, Values and simple rules of work, Infection Prevention and Control, Tuberculosis, Focus Charting, Medication Administration with barcoding and Review of MAR/MAW Key Safety Points, Pyxis overview and vaccines, Adult Falls Prevention – Patient Safety, Pediatric Falls Prevention – Patient Safety, observation Levels, crisis Prevention Guidelines, Manpower Code (Code ‘M’) Initiation & Response, Restraints & Seclusion, Dual Handset phones, Martti, and Colors across the continuum.

Print Name: \_\_\_\_\_

School: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Signature: \_\_\_\_\_

Please return this page to your instructor.

# Campus Card Application

## SECTION 1 *(must be completed by all - please print)*

**Name:** Last Name  First Name  MI

**Stony Brook ID Number:**

**Social Security Number:**    -   -      
(disclosure is voluntary - \*see bottom)

**Status:**  Faculty/Staff  Student  Affiliate  Volunteer  Visitor  
(check one)

**Department:**

**Title:**

## SECTION 2 *(to be completed by Affiliates only)*

**Home Address:**

**Home Telephone:**

**Date of Birth:**

**Stony Brook Card Regulations:**

Government issued photo ID presented

- The Stony Brook card is the property of the issuer.
- The replacement fee for lost, stolen or damaged campus cards is \$25.00; for lost, stolen or damaged badges the fee is \$5.00.
- If your card is lost or stolen, please report it immediately to the Campus Card Office.
- The Stony Brook card shall not be transferred, altered or tampered with in any way.
- Campus departments may not hold the Stony Brook card for any reason with the exception of the University Police if such is required in the performance of their duties.
- Campus Card photographs can be used for identification purposes in other matters of University business.
- Cardholders are advised not to lend cards to anyone.
- Hospital Access badge status is not granted by the Campus Card Office; if there is a question regarding the badge you are to be issued, you will be referred to the appropriate office.
- The retrievable stored values on the card remain the property of the card holder.

By signing the box to the right you agree to the terms and conditions listed above.



\*The Federal Privacy Act of 1974 (5 USC Section 552a note) provides that individuals may not be required to disclose their social security numbers unless such disclosure is legally mandated. Campus card applicants who are not Stony brook employees or recipients of federal and/or state assistance may refuse to disclose their social security numbers in this section. In that event, an alternate personal identifier (i.e., date of birth) may be substituted. Please contact the Campus Card Office at 2-2737 to arrange for the use of an identifier other than a social security number.



**Stony Brook Medicine**

**Stony Brook University Hospital**

**Smoking, Influenza Vaccine, Policies- Acknowledgment:**

I certify that I have received, read and will abide by the following Stony Brook Medicine policies:

1. Stony Brook Medicine Policy: EC0002 Smoke-free Workplace and Environment of Care
2. Stony Brook Medicine Policy: HR0032 Influenza Vaccination Policy

**Signature**

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**Print Name**

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**Employee ID number**

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**Date** \_\_\_\_\_