

Student Name _____ Faculty Name _____
College/University _____

**Mount Sinai South Nassau
Oceanside, NY**

Confidentiality Statement and Attestation

Please read this statement CAREFULLY, sign and date it and return it to your Department Head, Supervisor, Head Nurse or Human Resources Department. This policy applies to all representatives of Mount Sinai South Nassau (MSSN) which includes, but is not limited to: employees, volunteers, medical staff members, students, student instructors, agency workers, contract personnel, agents of the organization, members of MSSN's Board of Directors, members of MSSN's Board Advisory Circle, Patient & Family Advisory Council and all other applicable community members serving on an advisory council or committee of MSSN.

Every patient who utilizes any of the services provided by MSSN (including the hospital, all of MSSN's ambulatory facilities, home care and any other current or future MSSN related health delivery service(s)) is guaranteed by law that their health information will be handled and maintained in a confidential and secure manner.

You are responsible for respecting and protecting the privacy of MSSN's patients. Privacy regulations apply to Protected Health Information (PHI), which includes any individually identifiable health information transmitted or maintained by the hospital including written, verbal, electronic or faxed. Towards this end, it is important that you have a clear understanding of exactly what MSSN's confidentiality policy encompasses.

All information produced by MSSN, patient information, employee data and business records, is confidential and must not be shared with anyone outside MSSN. PHI that is exchanged with other personnel for purposes of treatment, payment and operations must be kept to the minimum necessary to perform their job function. To protect the confidentiality of MSSN's information, personnel must not discuss hospital or patient information in public areas, inside or outside the hospital premises, or with individuals who do not have a need to know the information.

MSSN has an obligation to notify patients if there is a breach of the security of their health information that poses a risk of harm to the patient. **If you are aware of any breach of the privacy or security of patient information or any violations of HIPAA or MSSN's privacy policies, you must inform the Privacy Officer as soon as possible.**

PHI that is written must be immediately and appropriately placed, stored or destroyed (if necessary) in accordance with MSSN's policy and procedures.

Computers should be password protected and accessible only to those who are authorized to use the data. All computer access codes and passwords are confidential and must not be shared with others, nor should any attempt be made to learn another user's access code and/or password.

E-mail transmissions that include protected health information (PHI) should contain only the minimum necessary PHI to be compliant with HIPAA privacy regulations. E-mail sent outside the institution that contains PHI must be encrypted using the hospital's encryption software or other approved encryption software.

Upon leaving a workstation ensure that PHI is not visible on the monitor. Exit the program and log off the system by using the appropriate software commands to clear data from the screen. If you fail to

log-off and someone uses your log-in to access patient information you will be held responsible. If you are a student instructor, you are responsible for any activity performed in the electronic systems by your students. Failure to log-off is considered reckless disregard and will result in disciplinary action. Disciplinary action can include suspension, termination and/or reporting to any applicable licensing boards.

MSSN data file diskettes and backup tapes should be carefully labeled and stored in secure places. Disposal of data file diskettes and backup tapes must be done through the Information Systems department.

All facsimile (FAX) transmissions should be accompanied by a FAX cover sheet that includes at a minimum: MSSN letterhead with mailing address and telephone number, sender's name and telephone extension, receiving facility and/or person's name and address, number of pages sent (including cover sheet), statement regarding re-disclosure, statement regarding improper receipt and any special instructions to the requestor (an example of a fax coversheet can be found with the Hospital policy "Faxing Protected Health Information OF-ADM-058). Before faxing a document, the employee faxing the information must confirm that the information is being requested by an authorized individual, and follow all MSSN policies and procedures with regard to patient confidentiality and facsimile confirmation receipts, before releasing the information requested. Extraordinary or sensitive information may only be faxed in emergency situations or to comply with the Office of Mental Health (OMH).

A breach of the security of the information system in the hospital is a serious violation of MSSN policy, which can result in disciplinary action including termination.

In addition to the above, all representatives of MSSN, which includes, but is not limited to: employees, volunteers, medical staff members, students, student instructors, agency workers, contract personnel, agents of the organization, members of MSSN's Board of Directors, members of MSSN's Board Advisory Circle, Patient & Family Advisory Council and all other applicable community members serving on an advisory council or committee of MSSN must adhere to the Health Insurance Portability and Accountability Act of 1996 (HIPAA). HIPAA regulates the uses and disclosures of identifiable patient health information and focuses on protecting data and information related to a patient's treatment, medical record, and transactions between health plans and payers. **Failure to adhere to the HIPAA privacy regulations could result in:** the government imposing civil and/or criminal penalties on the individual and or MSSN and disciplinary action up to and including termination by MSSN.

ATTESTATION

I understand that as a representative of MSSN, as defined in § 1, I shall protect as confidential all information regarding the organization, its patients and employees even after I have separated from MSSN. I acknowledge that MSSN has the right to discharge me for failure to keep patient, employee, or MSSN information confidential or for violating this policy.

I have read, understand and agree to adhere to this Confidentiality Statement.

Name

Department/Title

Signature

Date

Revised 1/2020
Confidentiality Attestation

SEXUAL HARASSMENT PREVENTION POLICY
and
SEXUAL HARASSMENT TRAINING ACKNOWLEDGMENTS

By my signature below, I hereby certify that I have received Mount Sinai South Nassau's Harassment Prevention Policy and that I have read and understood the policy. I understand that I will be subject to the provisions of that policy.

I UNDERSTAND THAT I WILL NOT BE SUBJECT TO DISCIPLINARY ACTION OR ANY FORM OF RETALIATORY TREATMENT FOR MAKING A TRUE AND ACCURATE REPORT OF INAPPROPRIATE CONDUCT THAT MAY CONSTITUTE UNLAWFUL WORKPLACE HARASSMENT.

Signature

Date

Print Name

By my signature below, I hereby certify that I have completed the Mount Sinai South Nassau's Interactive Sexual Harassment Training. I also certify that I have been given the opportunity to ask questions as part of the interactive training.

By my signature below, I further certify that I am not aware of any past or current prohibited workplace harassment here at the Hospital as described in the policy, or, if I have, that I have brought this information to the attention of the designated Hospital representative before signing and submitting this Acknowledgment Form.

I UNDERSTAND THAT I WILL NOT BE SUBJECT TO DISCIPLINARY ACTION OR ANY FORM OF RETALIATORY TREATMENT FOR MAKING A TRUE AND ACCURATE REPORT OF INAPPROPRIATE CONDUCT THAT MAY CONSTITUTE UNLAWFUL WORKPLACE HARASSMENT.

Signature

Date

Print Name