



Confidentiality of Patient, Employee and University Business Information and Computer Use Agreement

STATEMENT OF POLICY

It is the legal and ethical responsibility of all UCSF faculty and staff employees, house staff, students, volunteers and contractors to use personal and confidential patient, employee and University business information (referred to here collectively as "confidential information") in accordance with the law and University policy, and to preserve and protect the privacy rights of the subject of the information as they perform their University duties. Medical Information including Protected Health Information (PHI) is maintained to serve the patient, health care providers, health care research and to conform to regulatory requirements.

Laws controlling the privacy of, access to and maintenance of confidential information include, but are not limited to, the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), the California Information Practices Act (IPA), the California Confidentiality of Medical Information Act (COMIA), and the Lanterman-Petris-Short Act (LPS). These and other laws apply whether the information is held in electronic or any other form, and whether the information is used or disclosed orally or in writing.

University policies that control the way confidential information may be used include, but are not limited to, the following: UCSF Medical Center Policy 05.01.04 & 05.02.01, LPPI Policy, UCSF Policy 650-16 Minimum Security Standards, UC Personnel Policies PPSM 80, APM 160, applicable union agreement provisions, UC Business and Finance Bulletin RMP 8, and as summarized below.

Confidential information includes information that identifies or describes an individual and the disclosure of which would constitute an unwarranted invasion of personal privacy. Examples of confidential employee and University business information include home address and telephone number; medical information; birth date; citizenship; social security number; spouse/partner/relative's names; income tax withholding data and performance evaluations and proprietary/trade secret information; peer review/risk management information and activities; or other information the disclosure of which would constitute an unwarranted invasion of privacy.

The term "medical information" includes the following whether stored externally or on campus; whether electronically stored or transmitted patient information: medical and psychiatric records, including paper printouts, photos, videotapes, diagnostic and therapeutic reports, x-rays, scans, laboratory and pathology samples; patient business records, such as bills for service or insurance information; visual observation of patients receiving medical care or accessing services; verbal information provided by or about a patient.

ACKNOWLEDGEMENT OF RESPONSIBILITY

I understand and acknowledge that:

It is my legal and ethical responsibility as an authorized user to preserve and protect the privacy, confidentiality and security of all medical records, proprietary and other confidential information relating to UCSF, its patients, activities and affiliates, in accordance with the law and University policy.

I agree to access, use or disclose confidential information only in the performance of my University duties, when required or permitted by law, and to disclose information only to persons who have the right to receive that information. When using or disclosing confidential information, I will use or disclose only the minimum information necessary.



Confidentiality of Patient, Employee and University Business Information and Computer Use Agreement

I agree to discuss confidential information only in my workplace and for University-related purposes. I will not knowingly discuss any confidential information within the hearing of other persons who do not have the right to receive the information. I agree to protect the confidentiality of any medical, proprietary or other confidential information which is disclosed to me in the course of my relationship with UCSF.

I understand that mental health records, drug abuse records, and any and all references to HIV testing, such as clinical tests, laboratory or otherwise, used to identify HIV, a component of HIV, or antibodies or antigens to HIV, are specially protected by law and require specific authorization for release.

I understand that my access to all University electronic information systems is subject to audit in accordance with University policy.

I understand that it is my responsibility to follow safe computing guidelines. To this end, I agree not to share my Login or User ID and/or password with a faculty member, employee, house staff, student, volunteer, contractor, or any other person and that any access to UCSF electronic information systems (including mobile devices) made using my Login or User ID and password is my responsibility. If I believe someone else has used my Login or User ID and/or password, I will immediately report the use to the appropriate Information Technology Department and request a new password.

I understand that my User ID(s) constitutes my signature and I will be responsible for all entries made under my User ID(s). I agree to always log off of shared workstations.

I understand that under provisions of the California CONFIDENTIALITY OF MEDICAL INFORMATION ACT (CIVIL CODE SECTION 56) and/or the Federal HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) OF 1996, and/or any of the University's policies and procedures related to confidential information or of any state or federal laws or regulations governing a patient's right to privacy, intentional and/or malicious release of protected health information or involuntary violation of confidentiality may subject me to legal and/or disciplinary action up to and including immediate termination from my employment/professional relationship with UCSF, fines and imprisonment. Violation of Local, State or Federal statutes may carry the additional consequence of prosecution under the law. In addition I understand that I may be personally liable for harm resulting from my breach of this Agreement.

I have read the above STATEMENT OF POLICY AND ACKNOWLEDGEMENT OF RESPONSIBILITY:

Signature

Date

Print Name

UCSF Department

Employee Number or

Print UCSF Representative's Name

Non-UCSF Employee

UCSF Representative Signature