

Medical University of South Carolina

SECURITY & CONFIDENTIALITY AGREEMENT

Name (please print): _____

SSN: _____

IMPORTANT: This agreement applies to **all** individuals who receive access to **any** of MUSC's computing, electronic, network or print resources regardless of your affiliation with MUSC (employee, faculty, student, contractor, vendor, etc.). Please read all sections of this Agreement, in addition to reviewing the MUSC Computer Use Policy (<http://www.musc.edu/infoservices/cup.html>) and the Medical Center Policy on Confidentiality of Patient Information and Medical Record Security (C27) (<http://www.musc.edu/medcenter/policy/Med/C27.pdf>). If you have any questions, please ask them before signing this Agreement. You will receive a copy of this Agreement via email, and the original will remain on file with MUSC's Center for Computing and Information Technology (CCIT).

- SECURITY AGREEMENT -

I understand that authorized persons are issued unique access ids (logins) and **confidential** passwords. If authorized, I will not at any time reveal to anyone my password to any MUSC system, and I will take all reasonable measures to prevent the disclosure of my password(s) to anyone. I will only use my access ids and passwords for authorized purposes and will sign off or exit all systems before leaving any workstation. If I have any reason to believe that my password has been shared or compromised, I will immediately change my password and report the incident to my supervisor, manager, dean, or account sponsor. Upon termination of my association with MUSC or its affiliates, I will not attempt to continue using any of my access ids nor will I share my password(s) with anyone.

I understand that personal use of MUSC computing and network resources is restricted by state law, and that MUSC may, at any time, monitor and audit my use of any electronic/automated information system. I will adhere to any licensing terms for all licensed software which I use at MUSC, and I will not make or use unauthorized copies of any licensed software.

- CONFIDENTIAL INFORMATION AGREEMENT -

I recognize that the services provided by MUSC for its patients, students and employees are private and confidential; that to enable MUSC to perform those services, people furnish information with the understanding that it will be kept confidential and used only by authorized persons as necessary in providing these services; that the good will of MUSC depends upon keeping services and information confidential; that certain legal obligations are attached to this information and that by reason of my duties or in the course of my affiliation with MUSC I may receive or have access to verbal, written, visual or electronic/automated information concerning patients, students or employees at MUSC even though I might not furnish the services provided for those people.

I hereby agree that, except as a part of my job responsibilities or as directed by MUSC or by legal process, I will not disclose any such services or information. Furthermore, I will not permit any person to inappropriately examine or make copies of any reports or other documents, or any information to which I have access that concerns in any way the patients, students or employees of MUSC. I also agree that I will not access or review any information for any reason which is not related to the provision of clinical care or other authorized purposes such as research, education, quality assurance, billing or utilization review. I understand that this agreement is in effect both during and after my involvement in any activity related to patients, students or employees of MUSC.

=====

I have read, understand, and agree with this Security & Confidentiality Agreement as well as the MUSC Computer Use Policy and the Medical Center Policy on Confidentiality of Patient Information and Medical Record Security (C-27). I recognize that unauthorized disclosure or access of information by me may violate state and federal laws and cause irreparable injury to MUSC or harm to a patient, and may result in disciplinary and/or legal action being taken against me.

Signature

Date

Return signed form to: **OCIO-IS - MNA Admin - 3rd Floor – IOP**
or, for LYNX/GroupWise only requests, "LYNX Admin" - Rm. 201, Harborview